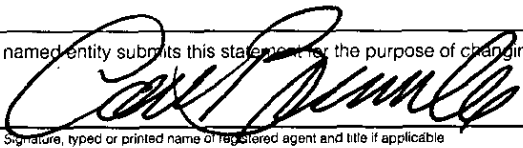
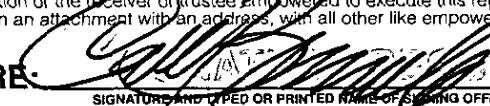


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
 02-01-2000 90006 035 ***150.00

DOCUMENT # G50697																																																																																																							
1. Entity Name ISLAND INN SHORES, INC.																																																																																																							
Principal Place of Business 902 E REYNOLDS ST. P.O. BOX 1030 PLANT CITY FL 33566-3661		Mailing Address 902 E REYNOLDS ST. P.O. BOX 1030 PLANT CITY FL 33566-3661																																																																																																					
2. Principal Place of Business 9980 Gulf Blvd.		3. Mailing Address 9980 Gulf Blvd.																																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																					
City & State TREASURE ISLAND FL.		City & State TREASURE ISLAND																																																																																																					
Zip 33706	Country PINELAS	Zip 33706	Country PINELLAS																																																																																																				
6. Name and Address of Current Registered Agent BROWNLEE, CARL 902 E. REYNOLDS ST. PLANT CITY FL 33566		7. Name and Address of New Registered Agent Name CARL BROWNLEE Street Address (P.O. Box Number is Not Acceptable) 9980 GULF BLVD City TREASURE ISLAND FL Zip Code 33706																																																																																																					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE  1-6-00 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																							
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State																																																																																																					
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE</td> <td>DS <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Additor</td> </tr> <tr> <td>NAME</td> <td>MICHAEL F SMITH</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1901 COUNTRY CLUB CT</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANT CITY FL 33567</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DP <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Additor</td> </tr> <tr> <td>NAME</td> <td>BROWNLEE, CARL R</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>902 E REYNOLDS STREET</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANT CITY FL</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Additor</td> </tr> <tr> <td>NAME</td> <td>LACEY L MCCLELLAN</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>119 108TH AVE BOX 329</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TREASURE ISLAND FL 33706</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVP <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Additor</td> </tr> <tr> <td>NAME</td> <td>MCCLELLAN, LACEY</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1903 W. REYNOLDS ST.</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANT CITY FL</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Additor</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Additor</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	NAME	MICHAEL F SMITH	NAME		STREET ADDRESS	1901 COUNTRY CLUB CT	STREET ADDRESS		CITY-ST-ZIP	PLANT CITY FL 33567	CITY-ST-ZIP		TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	NAME	BROWNLEE, CARL R	NAME		STREET ADDRESS	902 E REYNOLDS STREET	STREET ADDRESS		CITY-ST-ZIP	PLANT CITY FL	CITY-ST-ZIP		TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	NAME	LACEY L MCCLELLAN	NAME		STREET ADDRESS	119 108TH AVE BOX 329	STREET ADDRESS		CITY-ST-ZIP	TREASURE ISLAND FL 33706	CITY-ST-ZIP		TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	NAME	MCCLELLAN, LACEY	NAME		STREET ADDRESS	1903 W. REYNOLDS ST.	STREET ADDRESS		CITY-ST-ZIP	PLANT CITY FL	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																																																																																																							
SIGNATURE  CARL BROWNLEE 1-6-00 (813) 754-35 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																							



DO NOT WRITE IN THIS SPACE