

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90015 048 ***150.00

0242665

DOCUMENT # H03544
 1. Entity Name
ISLAND PINE CORPORATION

Principal Place of Business 150 N. FEDERAL HWY., STE. 200 FT. LAUDERDALE FL 33301 US	Mailing Address 150 N. FEDERAL HWY., STE. 200 FT. LAUDERDALE FL 33301 US
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A0043203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 901 South Federal Highway Suite, Apt. #, etc. Suite 101	3. Mailing Address 901 South Federal Highway Suite, Apt. #, etc. Suite 101
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33316	Country USA
Zip 33316	Country USA

4. FEI Number 59-2423263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILKES, JOHN P
150 N. FEDERAL HWY., STE. 200
FT. LAUDERDALE FL 33301-2426

7. Name and Address of New Registered Agent
 Name
WILKES, JOHN P.
 Street Address (P.O. Box Number is Not Acceptable)
901 South Federal Highway
Suite 101A
 City
Fort Lauderdale **FL** Zip Code
33316

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOYNER, WILLIAMS A 901 S FEDERAL HIGHWAY SUITE 101 FORT LAUDERDALE FL 33316 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Joyner* **4/3/01** **954-761-8330**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)