

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90168 001 ***450.00

DOCUMENT # H52823

1. Entity Name
ISLAND CAROUSEL, INC.



Principal Place of Business
6400 N RADCLIFFE ST
BRISTOL PA 19007

Mailing Address
6400 N RADCLIFFE ST
BRISTOL PA 19007

2. Principal Place of Business

1377 N. Collier Blvd

Suite, Apt. #, etc.

3. Mailing Address

1377 N. Collier Blvd

Suite, Apt. #, etc.

City & State

Marco Island FL

City & State

Marco Island FL

Zip

Country

34145

Zip

Country

34145

4. FEI Number 58-1628898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHARMELLO, BONNIE
8609 THIMBLEBERRY LN.
TAMPA FL 33635

7. Name and Address of New Registered Agent

Name
William Christ
Street Address (P.O. Box Number is Not Acceptable)
1377 N. Collier Blvd
City
Marco Island FL Zip Code
34145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William Christ, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/7/2003
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
CHRIST, WILLIAM E.
STREET ADDRESS
6400 NORTH RADCLIFFE ST
CITY - ST - ZIP
BRISTOL PA 19007 ☐ Delete

TITLE
NAME
ST
MESSMER, ROBERT
STREET ADDRESS
2 BROOKSTONE COURT
CITY - ST - ZIP
LUTHERVILLE MD 21093 ☐ Delete

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Christ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2003 239 389 0945
Date Daytime Phone #

CR2E034 (10/02)