

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91422 045 \*\*\*150.00

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**DOCUMENT # J18042**

1. Entity Name  
**MR. D'S ISLAND DESIGNS, INC.**



Principal Place of Business  
**83292 OVERSEAS HWY  
ISLAMORADA FL 33036  
US**

Mailing Address  
**83292 OVERSEAS HWY  
ISLAMORADA FL 33036  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Islamorada FL**

City & State

4. FEI Number **59-2700582** Applied For  
**59-2700082** Not Applicable

Zip Country  
**33036 U.S.A**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, DENNIS  
113 S HAMMOCK RD  
ISLAMORADA FL 33036**

Name **N/A**  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Dennis Johnson President 5/28/03**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, DENNIS</b>	
STREET ADDRESS	<b>113 SOUTH HAMMOCK</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, PERRI</b>	
STREET ADDRESS	<b>113 S HAMMOCK</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL 33036</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LE NOIR, JEROME</b>	
STREET ADDRESS	<b>121 IROQUOIS STREET</b>	
CITY-ST-ZIP	<b>TAVERNIER FL 33070</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COCKERHAM, JULIE</b>	
STREET ADDRESS	<b>221 CANAL STREET</b>	
CITY-ST-ZIP	<b>TAVERNIER FL 33070</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

**SIGNATURE REQUIRED**

**DENNIS JOHNSON 305-664-4204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)