## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** J46985 **DOCUMENT #**

1. Entity Name

FANTASY ISLAND REALTY, INC.



**FILED** Mar 31, 2003 8:00 am Secretary of State
03-31-2003 90173 014 \*\*\*150.00

TITLE PVS DE JONGE, CORA STRET ADDRESS CITY-ST-ZIP CHANGE   Delete NAME STRET ADDRESS CITY-ST-ZIP   DELETE NAME STRET ADDRESS							COO WE THE						
Suite, Apr. #, 8tic   Suite, Apr. #, stic   CHECK HERE IF MAKING CHANGES  City & Store   Country   Zip   Country   8. Certificate of Status Desired   S.75 Additional Fee Required  6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Pee Required  7. Name and Address of New Registered Agent   Pee Required  8. Seed Address (PO Bon Number is Not Acceptable)   City   FL   Zip Code    8. The above named entity submits this statement for the purpose of changing is long stored office or registered agent, or both, in the State of Florids. I am familiar with and accept the obligations of registered agent and the fluctuation   Per Registered Agent   Per Registered Agent    8. The above named entity submits this statement for the purpose of changing is long stored office or registered agent, or both, in the State of Florids. I am familiar with and accept the obligations of registered agent and the fluctuation    8. The Address (PO Bon Number is Not Acceptable)    City   FL   Zip Code    6. The above named entity submits this statement for the purpose of changing is long stored office or registered agent, or both, in the State of Florids. I am familiar with and accept the obligations of registered agent and the fluctuation    8. Seed Address (PO Bon Number is Not Acceptable)    City   FL   Zip Code    FILE NOWIN, FEE IS \$150.00    8. Becction Campating Financing   \$5.00 May Be Address    Make Check Payable to Florida Department of State    Both Check Payable to Florida Department of State    9. Becction Campating Financing   \$5.00 May Be Address    FILE NOWIN, FEE IS \$150.00    8. Becction Campating Financing   \$5.00 May Be Address    FILE NOWIN, FEE IS \$150.00    9. Becction Campating Financing   \$5.00 May Be Address    FILE NOWIN, FEE IS \$150.00    9. Becction Campating Financing   \$5.00 May Be Address    FILE NOWIN, FEE IS \$150.00    9. Becction Campating Financing   \$5.00 May Be Address    FILE NOWIN, FEE IS \$150.00    9. Becction Campating Financing   \$5.00 May Be Address	C/O CORA DE JONGE 2767 N. BEACH RD. #208			C/O CORA DE JONGE 2767 N. BEACH RD. #208									
City & State    Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   Set. 75 Additional   Pers Regulated   Set. 75 Additional   Set. 75 Addit	2. Principal Place of Business				3. Mailing Address					Lifi Dibit Bibl	1 <b>410</b> 11 <b>616</b> 11 1		
Sp. Country	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  DE JONGE, CORA 2767 NORTH BEACH ROAD, #208 ENGLEWOOD FL 34223  City FL Zip Cose  6. The above named entity submits this statement for the purpose of changing its registered director registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent and the registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent and the reg	City & State				City & State			4.	4. FEI Number 59-2747191			<del></del>	
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Street Address (PO. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent							7.	Name and Address of New Reg	istered A	gent		7
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E. 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, seed or private farms of registered agent and like if applicable.   NOTE: Reptitered Agent agenture required when rentating)   Onte	,												-
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	12. I hereby o	ertify that the	information supplied with	this filina	does not qualify for	the exer	nption stated in	Section	119.07(3)(i), Florida Statutes I fu	rther certif	that the in	nformation	1

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:**