

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J70875

1. Entity Name

ISLAND PROPELLER SERVICE, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90296 044 \*\*\*150.00

Principal Place of Business

5638 3RD AVE SI  
KEY WEST FL 33040

Mailing Address

5638 3RD AVE SI  
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2816046

Applied For

Not Applicable

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

GRAHAM, THOMAS J.  
113 SAWYER DRIVE  
SUMMERLAND KEY FL 33042

Name

DANIEL GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

5859 W 20TH AVE APT 415

City

HIALEAH

FL

Zip Code

33012

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

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

DANIEL GONZALEZ

04/26/01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PT GRAHAM, THOMAS J.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	113 SAWYER DRIVE	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PT DANIEL GONZALEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5859 W 20TH AVE APT 415	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE NAME	VP RAMON R. LOPEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1120 NE 9 AVE 27	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE NAME	SEC RIGOBERTO R. NAVAMUEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5638 3RD AVE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE NAME	TREASURER RICK SCHNECKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1573 NE 33RD ST	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL GONZALEZ 04/26/01 1(305)292-1846

Date

Daytime Phone #

CR2E034 (10/00)