

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90005 009 ***150.00

DOCUMENT # J82283

1. Entity Name
ISLAND PILING, INC.

Principal Place of Business
6921 SANDALWOOD LANE
NAPLES FL 34109
US

Mailing Address
PO BOX 110129
NAPLES FL 34108
US



2. Principal Place of Business

1750 J-C BLVD

Suite, Apt. #, etc.

#2

City & State
NAPLES, FL

Zip

34109

Country

USA

3. Mailing Address

1750 J-C BLVD

Suite, Apt. #, etc.

#2

City & State
NAPLES, FL

Zip

34109

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2823590**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PITKIN, JERALD R
801 ANCHOR RODE #203
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

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

(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, 2002 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 **PT. MANAGER** ☐ **Delete**
NAME **YOKE, SCOTT A.**
STREET ADDRESS **6921 SANDALWOOD LANE**
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ **Delete**
NAME **YOKE, KENA M**
STREET ADDRESS **6921 SANDALWOOD LANE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
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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

Date

Daytime Phone #

SIGNATURE **KENA M YOKE** **1/9/02** **941-592-7211**

CR2E034 (9/01)