

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # K54090**

1. Entity Name  
**ISLAND ESTATES REALTY, INC.**

01-24-2002 90174 009 \*\*\*\*75.00  
 03-13-2002 90107 035 \*\*\*\*75.00

Principal Place of Business <b>% WILLIAM KING</b> <b>110 ISLAND WAY ISLAND ESTATES</b> <b>CLEARWATER FL 34630</b>	Mailing Address <b>% WILLIAM KING</b> <b>110 ISLAND WAY ISLAND ESTATES</b> <b>CLEARWATER FL 34630</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Above</i>	3. Mailing Address <i>Above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-2927682</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KING, WILLIAM</b> <b>110 ISLAND WAY ISLAND ESTATES</b> <b>CLEARWATER FL 34630</b>		7. Name and Address of New Registered Agent Name: <b>JOANNE M. HILLER</b> Street Address (P.O. Box Number is Not Acceptable): <b>110 ISLAND WAY</b> City: <b>CLEARWATER</b> FL Zip Code: <b>33767</b>	
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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: *Joanne M. Hiller* *James M. Hiller* 1/10/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HILLER, JOANNE N</b> <b>312 WINDWARD ISLAND</b> <b>CLEARWATER FL 33767</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JOANNE M. HILLER</b> <b>110 ISLAND WAY</b> <b>CLEARWATER, FL 33767</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KING, WILLIAM</b> <b>110 ISLAND WAY</b> <b>CLEARWATER FL 33767</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILLIAM KING</b> <b>110 ISLAND WAY</b> <b>CLEARWATER, FL 33767</b>
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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: *Joanne M. Hiller* 1/10/02 **927 447-0040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)