

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90018 004 ****50.00

DOCUMENT # L01000001856

1. Entity Name

ISLAND SEAS, LLC

Principal Place of Business

**PO BOX 420228, 25000 OVERSEAS HIGHWAY
SUMMERLAND KEY FL 33042-0228**

Mailing Address

**PO BOX 420228, 25000 OVERSEAS HIGHWAY
SUMMERLAND KEY FL 33042-0228**

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

94-3387815

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIEMON, DOUGLAS P
25000 OVERSEAS HIGHWAY
SUMMERLAND KEY FL 33042-0228**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Partner			
	Doug Siemon			
	25000 Overseas Hwy			
	Summerland Key FL 33042			
	Partner			
	Mike Greene			
	4601 Airport Fwy #130			
	Bedford, TX 76021			
	Partner			
	Paul Keyser			
	340 West 2nd South			
	SALT LAKE CITY, UT 84101			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Doug Siemon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2/18/02 (305) 745-1116

Daytime Phone #

CR2E083 (9/01)