


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91763 008 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <u>L53628</u>			
1. Entity Name <u>Island Coast Properties, Inc</u>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <u>Fort Myers, FL</u>		3. Mailing Address <u>14009 Image Lake Ct.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Fort Myers FL</u>		4. FEI Number <u>650175028</u>	
Zip <u>33907</u>		Country <u>USA</u>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent	
		Name <u>Michael G. Raymond</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>14009 Image Lake Ct</u>	
		City <u>Fort Myers</u>	
		State <u>FL</u>	
		Zip Code <u>33907</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Michael G. Raymond</u> <small>(NOTE: Registered Agent's signature required when re-registering)</small>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<u>PRESIDENT</u> <u>MICHAEL G. RAYMOND</u> <u>14009 IMAGE LAKE CT</u> <u>FORT MYERS FL 33907</u>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Michael G. Raymond</u>		Date <u>5/1/03</u> 239-561-3678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034B (12/02)