

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2001 08:00 AM**
Secretary of State**DOCUMENT # L68289**1. Entity Name
ISLAND DESIGNS OUTLET, INC.**Principal Place of Business**

14501 MCCORMICK

TAMPA
33626

FL

US

Mailing Address

14501 MCCORMICK DR

TAMPA
33626

US

FL

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**59-3012267**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MARQUISE GREGORY T**
14501 MCCORMICK DRTAMPA
33626

FL

US

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 _____ **01/31/2001**
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, 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	D	☐ Delete
NAME	MARQUISE DEREK M.	
STREET ADDRESS	12413 PLANTATION PINE LANE APT. 204	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	☐ Delete
NAME	MARQUISE SUSAN A	
STREET ADDRESS	16512 TURNBURY OAK DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	☐ Delete
NAME	MARQUISE GREGORY T	
STREET ADDRESS	16512 TURNBURY OAK DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	☐ Delete
NAME	MARQUISE DUSTIN A	
STREET ADDRESS	13119 ROYAL GEORGE AVENUE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☒ Change	☐ Addition
NAME	MARQUISE DEREK M.		
STREET ADDRESS	12515 DEERBERRY LANE		
CITY-ST-ZIP	TAMPA FL 33626		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
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: GREGORY T. MARQUISE****PRES****01/31/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)