2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012590

1. Entity Name

ISLA RENTAL INC.

Principal Place of Business	Mailing Address
P.O. BOX 3006 KEY LARGO FL 33037	P.O. BOX 3006 KEY LARGO FL 33037

01/31/2001-90156 001 $150.00

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 65-0982236	Applied For / Not Applicable
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTE, CHRIS 300 ATLANTIC DR. KEY LARGO FL 33037	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, 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	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SANTE, CHRIS		NAME		
STREET ADDRESS	P.O. BOX 3006		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SANTE, PAMELA		NAME		
STREET ADDRESS	P.O. BOX 3006		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: _____   1/16/2001   305-451-5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #