

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90307 031 \*\*\*150.00

**DOCUMENT # P00000025075**

1. Entity Name  
**ISLAND ENGINEERING ARCHITECTURAL & CONSTRUCTION COMPANY**



Principal Place of Business  
7373 CIRCLE DRIVE  
LADY LAKE FL 32159

Mailing Address  
7373 CIRCLE DRIVE  
LADY LAKE FL 32159

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3634880**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOPWOOD, RONALD T**  
**7373 CIRCLE DRIVE**  
**LADY LAKE FL 32159**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOPWOOD, RONALD T</b> <b>7373 CIRCLE DRIVE</b> <b>LADY LAKE FL 32159</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MCCOOL, MICHAEL T</b> <b>7373 CIRCLE DRIVE</b> <b>LADY LAKE FL 32159</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>COX, PATRICK</b> <b>40077 MYRTLE LANE</b> <b>LADY LAKE FL 32159</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOPWOOD, THOMAS A</b> <b>POST OFFICE BOX 426 N/A</b> <b>OKAHUMPKA FL 34762</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald T. Hopwood SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RONALD T. HOPWOOD** 4/19/03 (352) 753-2471 Date Daytime Phone #

CR2E034 (10/02)