

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91128 038 \*\*\*150.00

**DOCUMENT # P00000043005**

1. Entity Name

**H.A. ISLAND PARTNERS, INC**

Principal Place of Business

**2626-3 E. TAMiami TRAIL  
NAPLES FL 34112**

Mailing Address

**2626-3 E. TAMiami TRAIL  
NAPLES FL 34112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3714828**

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****CANDITO, JOSEPH  
2626-3 E. TAMiami TRAIL  
NAPLES FL 34112****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

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, 2002 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>	<b>PLANCHER, PIERRE A</b>	<b>2400 PARKWAY ST. FT. MYERS FL 33901</b>	<input type="checkbox"/>
	<b>D</b>	<b>CHOUTE, TILOR</b>	<b>2400 PARKWAY ST. FT. MYERS FL 33901</b>	<input type="checkbox"/>
	<b>D</b>	<b>SHEEHAN, WILLIAM</b>	<b>488 VERANDA WAY, UNIT D105 NAPLES FL 34104</b>	<input type="checkbox"/>
	<b>D</b>	<b>CANDITO, JOSEPH</b>	<b>2000 SANDPIPER ST. NAPLES FL 34102</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-02 941 417 8516**

CR2E034 (9/01)