

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90117 042 \*\*\*150.00

**DOCUMENT # P00000054478**  
 1. Entity Name  
**ISLANDS COVE MARINA INC.**

Principal Place of Business      Mailing Address  
**503 56 ST. UNIT B**      **503 56 ST. UNIT B**  
**HOLMES BEACH FL 34217**      **HOLMES BEACH FL 34217**

2. Principal Place of Business      3. Mailing Address  
**503 56<sup>TH</sup> STREET**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**UNIT B**

City & State      City & State  
**Holmes Beach FL**

Zip      Country      Zip      Country  
**34217**      **FLORIDA**

4. FEI Number      Applies For  
**65-1009692**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CONCILUS, QUINTON**  
**502 BAY DR. S.**  
**BRADENTON BEACH FL 34217**

7. Name and Address of New Registered Agent  
 Name      **N/A**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      State      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 \_\_\_\_\_ (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 \$350.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONCILUS, QUINTON</b>	
STREET ADDRESS	<b>502 BAY DR. S.</b>	
CITY-ST-ZIP	<b>BRADENTON BEACH FL 34217</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINTON CONCILUS</b>	
STREET ADDRESS	<b>2516 AVE B</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34217</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      **04-25-01**      Daytime Phone #      **779-0401**

CP2E034 (10/00)