

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060412

1. Entity Name

Island Golf Cart Supply, Inc.

FILED

02 NOV -8 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2675 Overseas Highway

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State
Marathon, FL

City & State

4. FEI Number

65-1022748

Applied For

Not Applicable

Zip
33050

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Bertha E. Gomez

Street Address (P.O. Box Number is Not Acceptable)

190 Harbor View Dr.

City Tavernier

FL

Zip Code
33070

**DO NOT WRITE
IN THIS SPACE**

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

Bertha E Gomez /President

10/15/2002

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

D/P/S

Bertha E. Gomez

190 Harbor View Dr. Tavernier FL 33070

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

800009886388
11/08/02--01042--006 **61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP/T

Michael J. Callahan

190 Harbor View Dr. Tavernier, FL 33070

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bertha E Gomez PRESIDENT

11-1-2002 305-2896255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

2011/10/12