

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066144

1. Entity Name
ISLAND ADVENTURES INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90957 007 ***150.00

Principal Place of Business

5931 DEVON LANE
DAVIE FL 33331

Mailing Address

5931 DEVON LANE
DAVIE FL 33331

545231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5931 Devon Lane

Suite, Apt. #, etc.

3. Mailing Address

5931 Devon Lane

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

05-1023355

Applied For

Not Applicable

Zip

33331

Country

Broward

Zip

33331

Country

Broward

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

WILLIAMS, KENNETH
5931 DEVON LANE
DAVIE FL 33331

Name Kenneth Williams
Street Address (P.O. Box Number is Not Acceptable)
5931 Devon Lane

City DAVIE FL Zip Code 33331

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 Kenneth Williams

Signature, typed or printed name of registered agent and title, if applicable

(NO Registered Agent signature required when reinstating)

2-01-01

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 P ☐ Delete
NAME WILLIAMS, KENNETH
STREET ADDRESS 5931 DEVON LANE
CITY-ST-ZIP DAVIE FL 33331

TITLE James Williams, Secretary ☐ Change ☒ Addition
NAME
STREET ADDRESS 2607 S. Gardinia Ave
CITY-ST-ZIP Broken Arrow OK 74012

TITLE V ☐ Delete
NAME BERRIAN, GREG
STREET ADDRESS 5101 SW 120 AVE
CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME PEREZ-MALTES, IGLAIA
STREET ADDRESS 5106 BANYON LANE
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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: Kenneth Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-01 (954) 252-9416

Date

Daytime Phone #

CR2E034 (10/00)