

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000072261**1. Entity Name
ISLAND CUSTOM INSTALLATIONS, INC.Principal Place of Business
318 NATURE VIEW CT
FT MYERS BEACH FL 33931
Mailing Address
318 NATURE VIEW CT
FT MYERS BEACH FL 339312. Principal Place of Business
19159 DOGWOOD RD.
Suite, Apt. #, etc.3. Mailing Address
19159 DOGWOOD RD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT MYERS FL
Zip Country
33912City & State
FT MYERS FL
Zip Country
339124. FEI Number
65-1050693
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**KEENUM JOEL L
318 NATURE VIEW CT
FT MYERS BEACH FL 33931**7. Name and Address of New Registered Agent**Name
KEENUM JOEL L
Street Address (P.O. Box Number is Not Acceptable)
19159 DOGWOOD RD.
City
FT MYERS FL Zip Code
33912

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 **JOEL L KEENUM****04/30/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete
NAME BROWLEE PAULA L
STREET ADDRESS 19159 DOGWOOD RD
CITY-ST-ZIP FT MYERS FL 33912TITLE D ☐ Delete
NAME KEENUM JOEL L
STREET ADDRESS 318 NATURE VIEW CT
CITY-ST-ZIP FT MYERS BEACH FL 33931TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Change ☐ Addition
NAME KEENUM JOEL L
STREET ADDRESS 19159 DOGWOOD RD.
CITY-ST-ZIP FT MYERS FL 33912TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: JOEL L KEENUM

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)