2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000072261

Entity Name: ISLAND CUSTOM INSTALLATIONS, INC.

Current Principal Place of Business:

19159 DOGWOOD RD.
FT MYERS, FL 33912

New Principal Place of Business:

318 NATURE VIEW CT
FT MYERS BEACH, FL 33931

Current Mailing Address:

19159 DOGWOOD RD.
FT MYERS, FL 33912

New Mailing Address:

318 NATURE VIEW CT
FT MYERS BEACH, FL 33931

FEI Number: 65-1050693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEENUM, JOEL L
19159 DOGWOOD RD.
FT MYERS, FL 33912

Name and Address of New Registered Agent:

KEENUM, JOEL L
318 NATURE VIEW CT
FT MYERS BEACH, FL 33931

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 KEENUM 04/30/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KEENUM, JOEL L
Address: 19159 DOGWOOD RD.
City-St-Zip: FT MYERS, FL 33912

Title: D (X) Delete
Name: BROWNLEE, PAULA L
Address: 19159 DOGWOOD RD
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KEENUM, JOEL L
Address: 318 NATURE VIEW CT
City-St-Zip: FT MYERS BEACH, FL 33931

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL KEENUM D 04/30/2002
Electronic Signature of Signing Officer or Director — Date