

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91423 011 \*\*\*150.00

**DOCUMENT # P00000099056**

1. Entity Name

**ISLAND HOUSE RENTALS & SALES, INC.**

Principal Place of Business

**5650 A1A S.  
 ST AUGUSTINE FL 32080**

Mailing Address

**5650 A1A S.  
 ST AUGUSTINE FL 32080**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3689602**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CHAPMAN, CINDY S  
 5650 A1A S.  
 ST AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent

Name **EUGENE H. SMITH**  
 Street Address (P.O. Box Number is Not Acceptable) **5650 A1A SOUTH, E-226**  
 City **ST. AUGUSTINE, FL** Zip Code **32080**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Eugene H. Smith* **EUGENE H. SMITH 3/11/02**

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, 2002 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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEWIS, RICHARD</b>	
STREET ADDRESS	<b>3611 NW 23RD STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHAPMAN, CINDY</b>	
STREET ADDRESS	<b>201 ESCAMBIA STREET</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32080</b>	
TITLE	<b>SEC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAN, JUNE</b>	
STREET ADDRESS	<b>281 NICHOLAS WAY</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32080</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, EUGENE AIA</b>	
STREET ADDRESS	<b>5650 A1A S. #E-226</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32080</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THALER, RON</b>	
STREET ADDRESS	<b>2841 NW 58TH BLVD</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tom Thompson</b>	
STREET ADDRESS	<b>5650 A1A SOUTH</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32080</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dena Tuten</b>	
STREET ADDRESS	<b>5495 A1A South</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 32080</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUSAN MILLER</b>	
STREET ADDRESS	<b>5650 A1A SOUTH</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 32080</b>	
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RON THALER</b>	
STREET ADDRESS	<b>2841 NW 58th Blvd</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32606</b>	
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)(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:

*Eugene H. Smith* **EUGENE H. SMITH 3/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001537 AT

CR2E034 (9/01)