

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91462 047 \*\*\*150.00

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**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

4. FEI Number

59-3689602

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, EUGENE H

5650 A1A S.

E-226

ST AUGUSTINE FL 32080

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME THOMPSON, TOM  
STREET ADDRESS 5650 A1A SITG  
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE VP ☐ Change ☒ Addition  
NAME SANDRA GEIB  
STREET ADDRESS 6233 A1A SOUTH  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE VP ☒ Delete  
NAME TUTEN, DERA  
STREET ADDRESS 5495 A1A SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE T ☒ Change ☐ Addition  
NAME RICHARD O. LEWIS  
STREET ADDRESS 5650 A1A SOUTH  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE D ☐ Delete  
NAME MILLER, SUSAN  
STREET ADDRESS 5650 A1A SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME VERNON MCKEE  
STREET ADDRESS 5650 A1A SOUTH  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE D ☐ Delete  
NAME SMITH, EUGENE  
STREET ADDRESS 5650 A1A SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL 32080

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

TITLE PD ☒ Delete  
NAME THALER, BON  
STREET ADDRESS 2841 NW 58TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard O. Lewis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25, 2003

Date

352-315-7687

Daytime Phone #

CR2E034 (10/02)