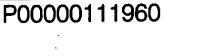
## 2003 FOR PROFIT CORPORATION

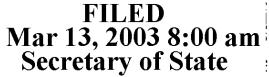
## UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

1. Entity Name ISLAND CHEMICAL, INC.





Mailing Address Principal Place of Business 121 US HIGHWAY ONE 161 US HIGHWAY ONE **BOX 107** KEY WEST FL 33040 KEY WEST FL 33040 3. Mailing Address 2. Principal Place of Business



03-13-2003 90047 048 \*\*\*150.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FE	4. FEI Number 65-1064168		oplied For ot Applicable	
Zip	Country Zip Cour		ntry	<b>5.</b> Ce	ertificate of Status Desired	\$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent			nt	7. Name and Address of New Registered Agent					
					_:				
CASA, LAURA A 3320 HARRIETT AVENUE				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
KEY WEST FL 33040				City	<del></del>		FL Zip Coo	le	
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						Election Campaign Financir     Trust Fund Contribution.	Adde	00 May Be ad to Fees	
10.	OFFICERS AND	DIRECTORS	11	l	ADD	ITIONS/CHANGES TO OFFICER			
	AURA A IRRIETT AVENUE ST FL 33040		N/ S1	TLE AME TREET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ni Si	TLE AME Treet address TY-ST-ZIP			Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		С	Delete Ti	ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	•	Ē	_ S0.000	ITLE AME TREET ADDRESS ITY-ST-ZIP	**		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP	in Continu	119.07(3)(i), Florida Statutes. I furt	☐ Change		
<ol><li>12. I hereby certify that</li></ol>	the information supplied wi	th this filing does	not quality for the e	vembrioù araren	III OCCIIOII	i 10.07 (0)(i), i lorida olatotes. I lurt	that I am an office	or or director	

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.