

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90088 004 ***150.00

0117185 AV

DOCUMENT # P01000022871

1. Entity Name
ISLAND BEACH RESORT, INC.



Principal Place of Business
**9800 SOUTH OCEAN DRIVE
JENSEN BEACH FL 34957**

Mailing Address
**9800 SOUTH OCEAN DRIVE
JENSEN BEACH FL 34957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1079558**

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

**BAERE, WOLFGANG F
9800 SOUTH OCEAN DRIVE
JENSEN BEACH FL 34957**

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 qualifications 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 **BAERE, WOLFGANG F**
STREET ADDRESS **9800 SOUTH OCEAN DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
90156497
PD1000022871

Island Beach Resort Inc.

9800 South Ocean Drive

Jensen Beach, Fl. 34957

(772) 229-3006

FEL: 65-1079558

Document#: P01000022871

September 10, 2003

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

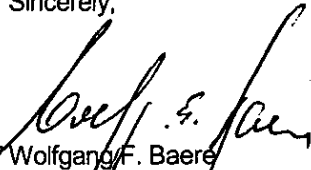
To whom it may concern:

Subject: Request for waiver of Penalty fee

This letter is to formally request a waiver of the \$400.00 penalty fee for the late filing of the Uniform Business Report. We never received a prior notice for UBR filing outside of the 60 day dissolution/revocation notice received in August. We have also been in touch with our accountants who have also stated that they have received no such notice.

We are hereby submitting this request along with the original \$150.00 filing fee and the signed UBR. If you have any further questions do not hesitate to contact me.

Sincerely,



Wolfgang F. Baere
Owner
Island Beach Resort, Inc.