

**02103**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

03 FEB 13 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057115

1. Entity Name

Fantasy Island, Inc.



**DO NOT WRITE IN THIS SPACE**

400012458994  
02/13/03--01032--007 \*\*308.75

2. Principal Place of Business

3117 Lake Worth Rd.  
Suite, Apt. #, etc.

3. Mailing Address

3117 Lake Worth Rd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-1113614

Applied For

Not Applicable

Zip

33461

Country

USA

Zip

33461

Country

USA

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Randau S. Lillicotch

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

716 Holiday Dr.

City

Lake Worth

FL

Zip Code

33461

**DO NOT WRITE IN THIS SPACE**

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 re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTD  
Randau Lillicotch  
716 Holiday Dr.  
Lake Worth, FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SVD  
Margaret Labozzetta  
716 Holiday Dr.  
Lake Worth, FL 33461

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Margareth Labozzetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03

561-685-4886

Date

Daytime Phone

CR2E034B (12/02)

2/11/03

Fantasy Island, Inc.  
76 Holiday Drive  
Lake Worth, FL 33461

February 11, 2003

Department of State  
P O Box 6327  
Tallahassee, FL 32314-6327


RE: Document # P01000057115

To Whom It May Concern:

It has come to our attention that this corporation has been dissolved. We never received the original annual report or a late notice. We have enclosed a Uniform Business report for 2002. Please accept the enclosed check for \$300.00 for the 2002 and 2003 annual fees. We have also enclosed a Uniform Business report for 2003.

Thank you for your cooperation in this matter.

Sincerely,



Margaret Labozzetta  
Vice President