

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057142

1. Entity Name

Island Rock & Seawall, Inc.

2  
FILED  
Apr 03, 2002 8:00 am  
Secretary of State

02-27-2002 90065 030 \*\*\*158.75

Principal Place of Business	Mailing Address
178 Angler Ct Marco Island, FL 34145	P.O. Box 2124 Marco Island, FL 34146



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-3728373		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
WHITELOW, JENNIFER L 3838 TAMiami TR N, STE 310 NAPLES FL 34103		Name: David L. Taber Jr Street Address (P.O. Box Number is Not Acceptable) 178 Angler Ct. City: Marco Island, FL Zip Code: 34145

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: *David L. Taber Jr* Esquire February 15, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABER, DAVID L JR P.O. BOX 2124 MARCO ISLAND FL 34146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David L. Taber Jr* 2/12/02 941 389-4869  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)