

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000059986**

1. Entity Name

ISLAND TIME ADVENTURES, INC.

Principal Place of Business

25 CAUSEWAY BLVD. SLIP 22
CLEARWATER BEACH FL 33767

Mailing Address

25 CAUSEWAY BLVD. SLIP 22
CLEARWATER BEACH FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HARRIS, TIMOTHY

25 CAUSEWAY BLVD. SLIP 22
CLEARWATER BEACH FL 33767

4. FEI Number

59-3730870

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME
D HARRIS, TIMOTHY
STREET ADDRESS
25 CAUSEWAY BLVD. SLIP 22
CITY-ST-ZIP
CLEARWATER BEACH FL 33767TITLE ☐ DeleteNAME
D HOPPER, KIVEN
STREET ADDRESS
25 CAUSEWAY BLVD. SLIP 22
CITY-ST-ZIP
CLEARWATER BEACH FL 33767TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

13. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 OCT -7 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment

872495

ISLAND TIME ADVENTURES, Inc.

25 Causeway Blvd., Slip 22

Clearwater Beach, FL 33767

Ph: 727-448-0871 Fax: 727-462-0295

August 20, 2002

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Regarding: Island Time Adventures, Inc. - Doc.# P01000059986


To Whom It May Concern:

My name is James McPhee and I have been hired to handle the financial matters for Island Time Adventures, Inc. I have discovered that Island Time Adventures, Inc. never received their original Annual Dues Report from the Postmaster. There have been some problems with mail delivery at this address. Fortunately the 2nd notice was received, which brought to our attention that the dues were not paid.

Would you please have the late fees waived as we, unfortunately, did not receive the 1st notice of the Annual Report from your office regarding the corporate annual dues. I have enclosed a check for the original amount due of \$150.00 for the 2002 annual dues.

I you have any questions please either write or if you wish to call me the best number to reach me at is 727-445-9707. Thank you in advance for your assistance in this matter.

Sincerely,


Jamie McPhee
for Island Time Adventures, Inc.