

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

pg 1052

DOCUMENT #

P01000062961

1. Entity Name

Island Careers, Inc

FILED

02 NOV 15 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7112 Woodmont Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamora FL

City & State

Zip

FL 33321

Country

Zip

Country

4. FEI Number

65 1144454

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Xandria Hendricks

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

7112 Woodmont Ave

City

Tamora FL

FL

Zip Code

33321

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.

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Xandria Hendricks 7112 Woodmont Ave Tamora FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/P Xandria Hendricks 7112 Woodmont Ave Tamora FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michele Hendricks M/D 7112 Woodmont Ave Tamora FL 33321
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



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Island Careers, Inc. TM

P.O Box 451914. Sunrise, FL 33345. Tel. (954) 726-1018 Fax (954) 726-2482. Email: Admin@IslandCareers.com

9/11/02

Dear Sir/Madam:

I am sending this note because I noticed that I did not receive anything in the mail regarding updating my corporation. I finally spoke with someone who advised me to call your office. I called your office a few days ago and the representative informed me that I should write this letter and let you know that I had not received anything in the mail from your office. He told me to submit this form along with a check for 150.00.

Enclosed in this package is a check for 150.00 and my application for renewal. I look forward to your response.

Respectfully,


Kandria Hendricks
Owner