

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90201 035 \*\*\*158.75

**DOCUMENT # P01000067818**

1. Entity Name  
**ISLAND MORTGAGE AND REALTY, INC.**



Principal Place of Business  
**1402 ROYAL PALM BEACH BLVD., SUITE 102  
ROYAL PALM BEACH FL 33411**

Mailing Address  
**1402 ROYAL PALM BEACH BLVD., SUITE 102  
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 212286**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Royal Palm Beach FL**

Zip

Country

Zip

Country

**33421**

**USA**

4. FEI Number **65-1124425**

Applied For  
Not Applicable

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

**MORGAN, SHERRON  
1402 ROYAL PALM BEACH BLVD., SUITE 102  
ROYAL PALM BEACH FL 33411**

Name **AUBIN WADE ROBINSON, ATTY**  
Street Address (P.O. Box Number is Not Acceptable)

**505 ROYAL PALM BEACH BLVD**

City **ROYAL PALM BEACH FL** Zip Code **33411**

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

**1/17/2003**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **P** ☒ Delete  
NAME **MORGAN, SHERRON**  
STREET ADDRESS **14072 79TH COURT NORTH**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **P** ☒ Change ☐ Addition  
NAME **SHERRON MORGAN**  
STREET ADDRESS **130 PRESTIGE DRIVE**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Sherron Morgan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-03 (561) 792-2939**

Date Daytime Phone #

CR2E034 (10/02)