

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90053 033 ***150.00

0184676 AV

DOCUMENT # P01000073121

1. Entity Name

ISLANDS IN THE SUN NURSERY INC.

sub chapter "s"

Principal Place of Business

90174 OVERSEAS HWY., #1
 TAVERNIER FL 33070

Mailing Address

PO BOX 101
 TAVERNIER FL 33070

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1136012

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RIVERS, JESSE DUSTI
 90174 OVERSEAS HWY., #1
 TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name

SAME

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.

SIGNATURE

Jesse Dusti Rivers

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 \$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

11. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	RIVERS, JESSIE DUSTI	
STREET ADDRESS	90174 OVERSEAS HWY., #1	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIVERS, DUSTY BRIAN	
STREET ADDRESS	90174 OVERSEAS HWY., #1	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, DARLENE	
STREET ADDRESS	90174 OVERSEAS HWY., #1	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORRELL, NANCY	
STREET ADDRESS	90174 OVERSEAS HWY., #1	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RIVERS, MICHELLE	
STREET ADDRESS	90174 OVERSEAS HWY., #1	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAYER, STEVE	
STREET ADDRESS	90174 OVERSEAS HWY., #1	
CITY-ST-ZIP	TAVERNIER FL 33070	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, JESSIE DUSTI	
STREET ADDRESS	90174 OVERSEAS HWY #1	
CITY-ST-ZIP	TAVERNIER, FL. 33070	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS DUSTY BRIAN	
STREET ADDRESS	90174 OVERSEAS HWY #1	
CITY-ST-ZIP	TAVERNIER, FL. 33070	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON BENNETT	
STREET ADDRESS	90174 OVERSEAS HWY #1	
CITY-ST-ZIP	TAVERNIER, FL. 33070	
TITLE	ROY CULLUM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	90174 OVERSEAS HWY #1	
CITY-ST-ZIP	TAVERNIER, FL. 33070	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Jesse Dusti Rivers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2/2/02 305 852 6078