2003 FOR PROFIT CORPORATION

P02000025245

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

ISLAND LAKE DEVELOPMENT, INC.



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90109 021 ***150.00

					NO.	'				
Principal Place of Business 1391 TADSWORTH TERR LAKE MARY FL 32746		Mailing Address 1391 TADSWORTH TERR LAKE MARY FL 32746								
2. Principal Place of Business		3. Mailing Address			_		10 1 1 111 11 6 11 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Number Applied For Not Applicable				
Zip Country		Zip	Zip Cour		try 5 Cortificate of Status Decired 58.7			75 Additional		
	6. Name and Address of Curren	t Registere	ed Agent	<u> </u>		 7. N	Name and Address of New Registered A	<u>_</u>		
-		<u></u>		=	Name		was a man of the same of the same		-	
AVERION,	LETICIA						•			
-	SWORTH TERR				Street Addres	s (P.O. B	(P.O. Box Number is Not Acceptable)			
	RY FL 32746									
	NT 1 E 32/40				City		FL	Zip Cod	e	
	named entity submits this statement clons of registered agent.	for the purp	ose of changing its	register	ed office or regis	tered age	ent, or both, in the State of Florida. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	t and title if app	oticable. (NOTI	E; Registere	d Agent signature requ	ired when re	einstating) DATE			
	ILE NOW!!! FEE IS \$150.00		** ***********************************		-2					
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department						9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.:	OFFICERS AND DIRECTORS			11.		AD	L DITIONS/CHANGES TO OFFICERS AND	DIRECTOR!	S IN 11	
TITLE	DVT		☐ Delete	TITLE	E			Change	Addition	
NAME	AVERION, LETICIA			NAM	E					
STREET ADDRESS	1391 TADSWORTH TERR				ET ADORESS					
CITY-ST-ZIP	LAKE MARY FL 32746			CITY	-ST-ZIP					
TITLE	P		☐ Delete	TITLE	E			Change	☐ Addition	
NAME	ZAFAR, MUNIRA			NAM					Í	
STREET ADDRESS	3068 ZAHARIAS DR				ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32837	_		-	-ST-ZIP					
TITLE	S S S S S S S S S S S S S S S S S S S	-	_ Delete	TITLE	-1-	-	-⊶	Change	Addition :	
NAME STREET ADDRESS	GONZALES, FELICIDAD 1830 KINGS HWY			NAM	ET ADDRESS				,	
CITY-ST-ZIP.	KISSIMMEE FL 34744				-ST-ZIP					
TITLE	THOUMALL I L GY) 44		☐ Delete	TITLE				☐ Change	Addition	
NAME			T Delete	NAM					☐ Addition	
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP		_		CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAM	Ε					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP	_				
TITLE			Delete	TITLE				Change	☐ Addition	
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-7IP					

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

SIGNATURE: