2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P02000046082 DOCLIMENT



ussan Lone

Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90387 047 ***150.00

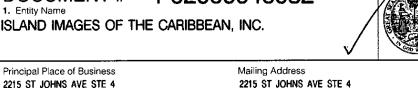
FILED

DOCOMENT#	FUZUUUUHUU0
1. Entity Name	
ISLAND IMAGES OF THE	CARIBBEAN, INC.

JACKSONVILLE FL 32204

2. Principal Place of Business

O Front Street



JACKSONVILLE FL 32204

3. Mailing Address

Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Stat		City & State Cudioe Key F	 21	4. FEI Number Applied For Not Applicable	
33 04	7667	Zip J	Country	\$8.75 Additional	
	6. Name and Address of Current Re			7. Name and Address of New Registered Agent	
44.040	IVADI III		Name	Karl W Ammons	
	KARL-W		Street Add	ddress (P.O. Box Number is Not Acceptable)	
1	IOHNS AVE STE 4		<i></i>	1164 De Lusson lane	
JACKSONVILLE FL 32204					
			City (Cudjoe Key FL Zip 33042	
8. The above named entity subjirits 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)					
Afte	ILE NOW!!! FEE ∮S \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	tate		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVST	☐ Delete	TITLE	Ammons, Karl W Perfiange Addition	
NAME	AMMONS, KARL W		NAME	1164 De Lussan Lane	
STREET ADDRESS	4000-27 ST JOHNS AVE PMB 90		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		CITY-ST-ZIP	Cudjoe Key FL 33042	
TITLE	DP	☐ Delete	TITLE	Ammons Luce B Defiange Addition	
NAME	AMMONS, LUCE B		NAME	Ammons, Luce B 114 De Lussan Lane	
STREET ADDRESS	4000-27 ST JOHNS AVE PMB 90		STREET ADDRESS	1164 De Lussan Lune	
CITY-ST-ZIP	JACKSONVILLE FL 32205		CITY-ST-ZIP	Cudjoe Key FL 33042	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	ومعالم المراجعة المعالمية المراجعة المر	
CITY-ST-ZIP	الما الما الما الما الما الما الما الما		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 in 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 impowered to reccute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an add

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

☐ Delete

☐ Delete

☐ Delete

☐ Addition

Addition

☐ Addition

Change

Change

Change