

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90387 047 ***150.00

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1. Entity Name
ISLAND IMAGES OF THE CARIBBEAN, INC.



Principal Place of Business
**2215 ST JOHNS AVE STE 4
JACKSONVILLE FL 32204**

Mailing Address
**2215 ST JOHNS AVE STE 4
JACKSONVILLE FL 32204**

2. Principal Place of Business
600 Front Street

3. Mailing Address
1164 De Lussan Lane

City & State
Key West FL

City & State
Cudjoe Key FL

4. FEI Number
020597752

Applied For
☐ Not Applicable

Zip
33040

Country
Monroe

Zip
33042

Country
Monroe

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AMMONS, KARL W
**2215 ST JOHNS AVE STE 4
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name
Karl W Ammons
Street Address (P.O. Box Number is Not Acceptable)
1164 De Lussan Lane
City
Cudjoe Key FL Zip Code
33042

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 **Luce Ammons**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/22/03

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

TITLE
DVST ☐ Delete
NAME
AMMONS, KARL W
STREET ADDRESS
4000-27 ST JOHNS AVE PMB 90
CITY-ST-ZIP
JACKSONVILLE FL 32205

TITLE
DP ☐ Delete
NAME
AMMONS, LUCE B
STREET ADDRESS
4000-27 ST JOHNS AVE PMB 90
CITY-ST-ZIP
JACKSONVILLE FL 32205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DVST ☒ Change ☐ Addition
NAME
Ammons, Karl W
STREET ADDRESS
1164 De Lussan Lane
CITY-ST-ZIP
Cudjoe Key FL 33042

TITLE
DP ☒ Change ☐ Addition
NAME
Ammons, Luce B
STREET ADDRESS
1164 De Lussan Lane
CITY-ST-ZIP
Cudjoe Key FL 33042

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

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

TITLE ☐ Change ☐ Addition
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: **Karl W. Ammons**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1/22/03 305 744 0510
Daytime Phone #

CR2E034 (10/02)