

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90103 031 ***150.00

DOCUMENT # P02000063094

1. Entity Name
ISLAND FLAVORS AND TINGS, INC.



Principal Place of Business
1411 49TH STREET SOUTH
GULFPORT FL 33607

Mailing Address
P.O BOX 530351
ST. PETERSBURG FL 33747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

43-1967104

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

GRANT, KIRBY
1411 49TH STREET SOUTH
GULFPORT FL 33607

Name

HELENA JOSEPHS

Street Address (P.O. Box Number is Not Acceptable)

1411 49th Street South

City

Gulfport

FL

Zip Code

33707

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

Helena Josephs - M

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

(NOTE: Registered Agent signature required when reinstalling)

4-01-03.

DATE

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 **V** ☒ Delete
NAME **GRANT, KIRBY**
STREET ADDRESS **4003 S. WESTSHORE BLVD., #2514**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **MANAGING DIRECTOR** ☐ Change ☒ Addition
NAME **HELENA JOSEPHS**
STREET ADDRESS **6013 Laketree Lane #H**
CITY-ST-ZIP **Tampa FL 33617**

TITLE **P** ☐ Delete
NAME **OWENS, DELORIS K**
STREET ADDRESS **8510 RENALD BLVD.,**
CITY-ST-ZIP **TAMPA FL 33637**

TITLE **T** ☒ Change ☐ Addition
NAME **HELENA JOSEPHS**
STREET ADDRESS **6013 Laketree Lane #H**
CITY-ST-ZIP **Tampa FL 33617**

TITLE **T** ☒ Delete
NAME **DENNY, LORRIE**
STREET ADDRESS **6349 92ND PLACE NORTH, #1904**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

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
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TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-03

Date

Daytime Phone #

CR2E034 (10/02)