

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90167 030 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

00117020

DOCUMENT # P02000073592			
1. Entity Name ISLAND MOTORCARS, INC.			
Principal Place of Business 123 MENENDEZ ROAD ST AUGUSTINE, FL 32080		Mailing Address 123 MENENDEZ ROAD ST AUGUSTINE, FL 32080	
2. Principal Place of Business 4875 SHRD 207		3. Mailing Address PO Box 100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ELKTON FL		City & State ELKTON FLA	
Zip 32033		Zip 32033	
Country ST. JOHNS		Country ST. JOHNS	
4. FEI Number 820553846		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HADJIS, GEORGE 123 MENENDEZ ROAD ST AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  GEORGE HADJIS. 4-10-03 DATE (NOTE: Registered Agent's signature required when instituting.)			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D HADJIS, GEORGE 123 MENENDEZ ROAD ST AUGUSTINE, FL 32080		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D HADJIS, TONY 123 MENENDEZ ROAD ST AUGUSTINE, FL 32080		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D RODNEY B. STRUBER		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
4875 SHRD 207		ELKTON FLA 32033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  GEORGE HADJIS. 4-10-03 904-806-4843 Date Daytime Phone #			

CR2E034 (10/02)