

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90084 004 \*\*\*150.00

**DOCUMENT # P02000095644**

**1. Entity Name**  
**ISLAND OPTIONS, INC.**



**Principal Place of Business**  
**20 S. BROAD ST.**  
**BROOKSVILLE FL 34601**

**Mailing Address**  
**20 S. BROAD ST.**  
**BROOKSVILLE FL 34601**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**02-0640924**

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**

**FLORIDA & OFFSHORE BUSINESS FORMATION, INC**  
**20 S. BROAD ST.**  
**BROOKSVILLE FL 34601**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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** **D** ☐ Delete  
**NAME** **TREADWELL, HUGH W JR.**  
**STREET ADDRESS** **20 S. BROAD ST.**  
**CITY-ST-ZIP** **BROOKSVILLE FL 34601**

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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:**

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

*Attachment*  
90155997  
P02000095644

**Island options, inc.  
1024 lenox avenue, suite four  
miami beach, florida 33139**

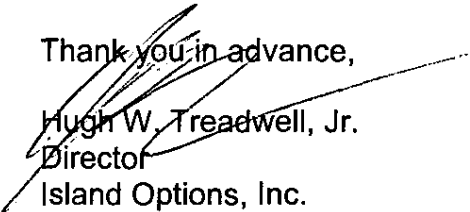
Florida Department of State  
Division of Corporations  
Tallahassee, Florida

To Whom It May Concern,

Enclosed is my UBR for Island Options, Inc, including the \$150 filing original filing fee. I am respectfully requesting that I be allowed a waiver of the late fee of \$400 as this was the first notice that I received for this process and this is my first year to renew this document.

I apologize for any inconvenience caused and will assure that all papers and renewals will be in order in the future.

Thank you in advance,

  
Hugh W. Treadwell, Jr.  
Director  
Island Options, Inc.

-cc. Florida and Offshore-business-Formation, Inc..