2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

03-21-2003 90116 028 ***158.75

DOCUMENT # P02000125218

1. Entity Name
ISLAND REEFS RESORT, INC

Principal Place of Business	Mailing Address
~~7205 INTERNATIONAL DRIVE~~	~~7205 INTERNATIONAL DRIVE~~
ORLANDO FL 32819	ORLANDO FL 32819

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5895 Carrier Dr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL.	City & State
Zip: 32819 Country: Orange	Zip / Country

4. FEI Number: 74-3089450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOTOLONGO, PETER
7205 INTERNATIONAL DRIVE
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5895 Carrier Dr
City: Orlando FL FL Zip Code: 32819

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] 3-18-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SOTOLONGO, PETER ~~7205 INTERNATIONAL DRIVE~~ 5895 Carrier Dr ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARSHALL, DANIEL ~~7205 INTERNATIONAL DRIVE~~ 5895 Carrier Dr. ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 REQUIRED 3-18-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #