

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

2004

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90208 002 ***150.00

DOCUMENT # P03000018197

1. Entity Name
ISLAND GOLF PRODUCTS LTD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
273 S. STATE ROAD 7

3. Mailing Address

Suite, Apt. #, etc.
283

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARGATE, FL

City & State

4. FEI Number
65-1175217

Applied For
Not Applicable

Zip 33068 **Country** BROWARD

Zip **Country**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HILLARY JOSEPHS

Street Address (P.O. Box Num)

5507 GARFIELD STREET

City HOLLYWOOD **FL** 33021

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.

SIGNATURE *Hillary Josephs*
Signature, typed or printed name of registered agent and title if applicable

5/4/04

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT / DIRECTOR
NAME HILLARY JOSEPHS
STREET ADDRESS 5507 GARFIELD STREET
CITY - ST - ZIP HOLLYWOOD, FL 33021

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hillary Josephs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 05 2004

954-981-5420

Date

Daytime Phone #

CR2E034B (12/01)