

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90284 027 ***150.00

0133067 AV

DOCUMENT # P93000001843

1. Entity Name

ISLAND AUTOMOTIVE OF SEBASTIAN, INC.



Principal Place of Business

6080 99TH STREET
UNIT 6
SEBASTIAN FL 32958

Mailing Address

6080 99TH STREET
UNIT 6
SEBASTIAN FL 32958

2. Principal Place of Business

300-60 INDUSTRIAL PARK BLVD
Suite, Apt. #, etc.

3. Mailing Address

300-60 INDUSTRIAL PARK BLVD
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

SEBASTIAN, FLORIDA

City & State

SEBASTIAN FLORIDA

4. FEI Number

65-0380610

Applied For

Not Applicable

Zip

32958

Country

INDIAN RIVER

Zip

32958

Country

INDIAN RIVER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARALDSEN, NORMAN G
6080 99TH STREET
UNIT 6
SEBASTIAN FL 32958

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

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

TITLE **D** ☐ Delete
NAME **HARALDSEN, NORMAN G**
STREET ADDRESS **6080 99TH ST #6**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **VT** ☐ Delete
NAME **HARALDSEN, BEVERLY J.**
STREET ADDRESS **6080 99TH ST #6**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 of Beverly J. Haraldsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

772-388-0004

Daytime Phone #

CR2E034 (10/02)