

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068844

1. Entity Name
ISLAND BUSINESS & ACCOUNTING SERVICES, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90339 009 ***150.00

00022093



DO NOT WRITE IN THIS SPACE

Principal Place of Business 249 VENTURA RD ST AUGUSTINE FL 32084 US	Mailing Address 249 VENTURA RD ST AUGUSTINE FL 32084 US
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2. Principal Place of Business P.O. Box 626	3. Mailing Address P.O. Box 626
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pomona Park FL	City & State Pomona Park FL
Zip 32181-0626	Country USA

4. FEI Number 59-3203264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MEDICK, THOMAS W.
249 VENTURA RD
ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name: **N. Jane Medick**

Street Address (P.O. Box Number is Not Acceptable)
127 Bent Oak Drive

City: **Pomona Park FL** Zip Code: **32181**

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 *N. Jane Medick*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 DP	<input type="checkbox"/> Delete
NAME MEDICK, THOMAS W	
STREET ADDRESS 249 VENTURA ROAD	
CITY-ST-ZIP ST AUGUSTINE FL	
TITLE DST	<input type="checkbox"/> Delete
NAME MEDICK, N. JANE	
STREET ADDRESS 249 VENTURA ROAD	
CITY-ST-ZIP ST AUGUSTINE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS P.O. Box 626	
CITY-ST-ZIP Pomona Park, FL 32181-0626	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS P.O. Box 626	
CITY-ST-ZIP Pomona Park FL 32181-0626	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *N. Jane Medick, Sec/Treas* **3/1/01** **(904) 649-6018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)