

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073040

1. Entity Name

ISLAND'S END DEVELOPMENT, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90050 001 ***150.00

Principal Place of Business

9701 TAYLORSVILLE RD.
 LOUISVILLE KY 40299

Mailing Address

14338A HARBOUR LANDING
~~P.O. BOX 528~~
~~EASTPOINT FL 32320-0528~~
 FT. MYERS, FL. 33908

2. Principal Place of Business

3. Mailing Address

14338A HARBOUR LANDINGS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. MYERS, FL 33908

4. FEI Number

59-3225003

Applied For

Not Applicable

Zip

Country

Zip

Country

33908

USA

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

CORPORATION INFORMATION SERVICES INC.
 1201 HAYS ST.
 TALLAHASSEE FL 32301

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEWELLYN, FLOYD	
STREET ADDRESS	9701 TAYLORSVILLE RD.	
CITY-ST-ZIP	LOUISVILLE KY 40299	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MARTIN, HARDISON	
STREET ADDRESS	9701 TAYLORSVILLE RD.	
CITY-ST-ZIP	LOUISVILLE KY 40299	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Floyd R. Lewellyn FLOYD R. LEWELLYN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000

Date

502-267-9658

Daytime Phone #

CR05024 (01/00)