

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P94000002837

APPROVED AND FILED
09-06-2000 90097 024 ***150.00

1. Entity Name
ISLAND RENTALS, INC.

00 SEP 19 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
311 GULF BLVD. STE ONE INDIAN ROCKS BEACH, FL. 33785 **SAME**

00083877

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
311 GULF BLVD. ONE

Suite, Apt. #, etc. City & State
ONE INDIAN ROCKS BEACH, FL. INDIAN ROCKS BEACH, FL.


4. FEI Number Applied For
59-3219020 Not Applicable

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

6. Name and Address of Current Registered Agent
ANTHONY J. MAISTANO 311 GULF BLVD. INDIAN ROCKS BEACH, FL. 33785

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.

SIGNATURE  DATE **8/29/00**
(NOTE: Registered Agent's signature required when reinstating)

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 \$350.00
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 PRESIDENT/CEO/SEC.	<input type="checkbox"/> Delete
NAME ANTHONY J. MAISTANO	
STREET ADDRESS 311 GULF BLVD.	
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:  DATE **8/29/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

MAISANO REALTY
311 Gulf Boulevard, Suite One
Indian Rocks Beach, FL 33785

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September 14, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Island Rentals, Inc.

Ref: P94000002837

To Whom It May Concern:

In August, I called the Division of Corporations to find what happened to the form for filing Uniform Business Report.

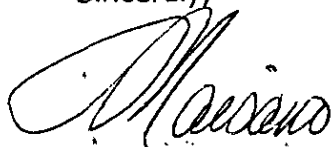
At that time, I had talked to Stacy to have the report mailed to me. She noted that the address to which the report was mailed was not my mailing address and stated that she would change the address and waive the "late fee". I received the form promptly thereafter.

Today, I talked to another representative and now understand this request must be submitted in writing.

If I may provide further information, please contact me at your earliest convenience.

Thank you very much for your consideration.

Sincerely,



Tony Maisano
President