## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 28, 2002 8:00 am Secretary of State P94000021787 DOCUMENT # 1. Entity Name ISLAND CAPITAL INVESTMENTS, INC. 05-28-2002 91770 007 \*\*\*155.00 Principal Place of Business Mailing Address % WILLIAM P. MCCAUGHAN % WILLIAM P. MCCAUGHAN 80 S.W. 8TH STREET SUITE 2803 80 S.W. 8TH STREET SUITE 2803 MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CASWAC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 8 81 Ocean City & State City & State 4. FEI Number Applied For 65-0494310 ven B Keey Bisc Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3 Bower Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCCAUGHAN, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8TH ST oceon SUITE 2803 - WORLD TRADE CENTER MIAMI\*FL 33130 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or botil in the State of Florida (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 -10. Election Campaign Financing \$5:00 May Be -Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete ☐ Addition KIRBY, RICHARD NAME STREET ADDRESS 881 OCEAN DRIVE, UNIT 27-B STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE . D۷ ☐ Delete NAME. . KIRBY, KITTY NAME STREET ADDRESS STREET ADDRESS 881 OCEAN DRIVE, UNIT 27-B CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** Delete TITLE Change ☐ Addition NAME KIELLAND, RICHARD K NAME STREET ADDRESS STREET ADDRESS 881 OCEAN DRIVE, UNIT 27-B CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP ☐ Change ☐ Defete TITLE ☐ Addition NAME MCCAUGHAN, WILLIAM P NAME STREET ADDRESS % 80 S.W. 8 ST., STE. 2803 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33130** CITY-ST-ZIP TITLE ☐ Delete Change \_\_\_ Addition\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP