2000 UNIFORM BUSINESS REPORT (UBR)

2 11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P94000084925** May 08, 2000 8:00 am 1. Entity Name Secretary of State ISLAND OUTFITTERS, INC. 05-08-2000 90135 007 ***150.00 Principal Place of Business Mailing Address **82 6TH STREET 82 6TH STREET** APALACHICOLA FL 32320 APALACHICOLA FL 32320-1751 004407 3. Mailing Address BOX 2. Principal Place of Business 159 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Port St. Joe, FL Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32457-0159 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **MORRIS PALMER** Street Address (P.O. Box Number is Not Acceptable) 111 CABELL DRIVE PORT ST. JOE FL 32456 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITL F PALMER, MORRIS NAME NAME STREET ADDRESS STREET ADDRESS 111 CABELL DRIVE CITY-ST-ZIP CITY-ST-ZIP PORT ST. JOE .L 32456 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 🗆 Delete - Change TITI F -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS 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.

4-27-2000

850-653-4100

Daytime Phone #