

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90107 004 ***150.00

DOCUMENT # P94000093239

1. Entity Name
ISLAND OCTOPUS, INC.

Principal Place of Business

**2323 WOOSTER LN.
 STE 1
 SANIBEL ISLAND FL 33957**

Mailing Address

**2323 WOOSTER LN.
 STE 1
 SANIBEL ISLAND FL 33957**

2. Principal Place of Business

**5929 Youngquist Rd.
 Suite, Apt. #, etc.
 # 3**

3. Mailing Address

**5929 Youngquist Rd.
 Suite, Apt. #, etc.
 # 3**

City & State

Ft. Myers. FL

City & State

Ft. Myers. FL

Zip

33912

Country

LEE

Zip

33912

Country

LEE

4. FEI Number **65-0558845**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**IRVING, TIMOTHY K
 2425 LOST COLONY ROAD
 SANIBEL ISLAND FL 33957**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Timothy K. Irving
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PSD** ☐ Delete
 NAME **IRVING, TIMOTHY K**
 STREET ADDRESS **2425 LOST COLONY ROAD**
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE **VTD** ☐ Delete
 NAME **IRVING, MARY**
 STREET ADDRESS **2425 LOST COLONY ROAD**
 CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
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 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:

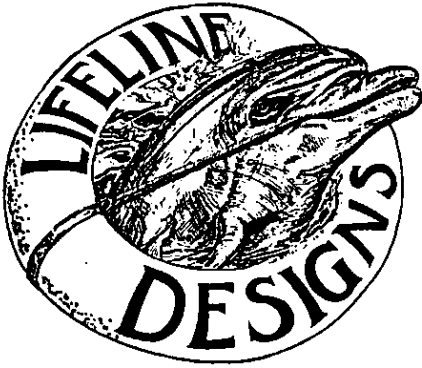
Mary Thompson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARY THOMPSON IRVING 9/11/02 437-3783

CR2E034 (4/02)



id Hachment
5929 Youngquist Road • Unit 3 • Fort Myers, FL • 33912
941.472.6226 • Fax 941.437.5025

872547
#P94000093239

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

SEPTEMBER 12, 2002

TO WHOM IT MAY CONCERN,

I AM ENCLOSING THE (UBR) REPORT FOR 2002 ALONG WITH A CHECK IN THE AMOUNT OF \$150.00. WE HAVE RECENTLY MOVED OUR BUSINESS AND SOMEWHERE ALONG THE WAY NEVER RECEIVED OUR FIRST MAILING FROM YOU AND MISSED THE DEADLINE. PLEASE ACCEPT THIS PAYMENT ALONG WITH OUR CURRENT INFORMATION SO THIS DOES NOT OCCUR AGAIN. I AM VERY SORRY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED YOU.

RESPECTFULLY,

Mary Irving

MARY IRVING