

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 05, 2001 08:00 AM****Secretary of State****DOCUMENT # P95000004147**1. Entity Name  
ISLAND HUTWORKS, INC.

## Principal Place of Business

100 SPOOKY LN  
#4D  
SANTA ROSA BEACH FL  
32459

## Mailing Address

PO BOX 1689  
SANTA ROSA FL  
32459

## 2. Principal Place of Business

100 S. SPOOKY LN

## 3. Mailing Address

Suite, Apt. #, etc.  
#4D

Suite, Apt. #, etc.

City & State  
SANTA ROSA BEACH FL

City &amp; State

Zip Country  
32459

Zip Country

4. FEI Number  
59-3298193Applied For  
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

POOL TROY D  
100 SPOOKY LN  
#4D  
SANTA ROSA BEACH FL  
32459 US

## 7. Name and Address of New Registered Agent

Name  
POOL TROY D  
Street Address (P.O. Box Number is Not Acceptable)  
100 S. SPOOKY LN  
#4D  
City  
SANTA ROSA BEACH FL Zip Code  
32459

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 \_\_\_\_\_ **07/05/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32459	Delete
		POOL TROY DEAN	100 SPOOKY LANE # 40	SANTA ROSA BEACH	FL	32459	<input type="checkbox"/>
		TS DENNISON-POOL JAN E	100 SPOOKY LN #4D	SANTA ROSA BEACH	FL	32459	<input type="checkbox"/>
		VP LENARD THOMAS A	89351 OVERSEAS HWY	PLANTATION KEY	FL	33070	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32459	Change	Addition
		POOL TROY DEAN	100 S. SPOOKY LANE # 40	SANTA ROSA BEACH	FL	32459	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		TS DENNISON-POOL JAN E	100 S. SPOOKY LN #4D	SANTA ROSA BEACH	FL	32459	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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:** Jan E. Dennison-Pool

TS

07/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)