## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P95000044497

1. Entity Name

City & State

MINKLER, LAUREN B

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

912 SE 6 COURT FT LAUDERDALE FL 33301

Zip

SIGNATURE

DOCUMENT #

ISLAND DREAM ENTERPRISES, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable



Country

City

	$\checkmark$			
Principal Place of Business 912 SE 6 COURT FT LAUDERDALE FL 33301	Mailing Address 912 SE 6 COURT FT LAUDERDALE FL 33301			
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

City & State

Zip

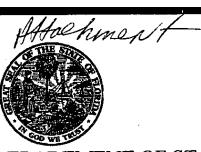
FILED Feb 10, 2003 8:00 am **Secretary of State** 

02-10-2003 90399 012 \*\*\*150 00

☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0662858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 (NOTE: Registered Agent signature required when reinstating) \$5 00 May 84

After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					Trust Fu	nd Contribution.	ב ב	Added to Fees		
10.	D. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINKLER, LAUREN B 912 SE 6 COURT FT LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINKLER, STEVEN H 912 SE 6 COURT FT LAUDERDALE FL 33301	☐ Oelete	TITLE NAME STREET ADORESS CITY-ST-ZIP					☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-SI-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.



## FLORIDA DEPARTMENT OF STATE Ken Detzner

Secretary of State

January 15, 2003

ISLAND DREAM ENTERPRISES, INC. **912 SE 6 COURT** FT LAUDERDALE, FL 33301

Subject: ISLAND DREAM ENTERPRISES, INC.

Reference Number:

-P95000044497

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the

Division of Corporations at (850) 488-9000.

/JG

ANNUAL REPORTS SECTION