

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089669

1. Entity Name

ISLAND HOPPER BOATS INTERNATIONAL, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90028 022 \*\*\*150.00

Principal Place of Business

Mailing Address

2310 N. OLD DIXIE HWY.  
FT. PIERCE FL 34946

P.O. BOX 3958  
FT. PIERCE FL 34948-3958

2. Principal Place of Business

3. Mailing Address

49 Royal Palm Blvd.

P.O. Box 638

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #204

City & State  
Vero Beach, FL

City & State  
Vero Beach, FL

4. FEI Number 65-0627159

Applied For

Not Applicable

Zip  
32960

Country  
USA

Zip  
32961

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARINE, WILLIAM B  
2310 N. OLD DIXIE HWY.  
FT. PIERCE FL 34946

Name

Street Address (P.O. Box Number is Not Acceptable)

49 Royal Palm Blvd.

Suite #204

City

Vero Beach

FL

Zip Code  
32960

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	MARINE, WILLIAM B	5891 BENT PINE DR.	VERO BEACH FL 32967	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	FETZER, MARK E	1890 COBIA DRIVE	VERO BEACH FL 32960	<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"/>
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/2000

561-978-5893

CR2E034 (9/99)