

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90208 003 ***150.00

DOCUMENT # P96000050198

1. Entity Name
TIMES OF THE ISLANDS, INC.



Principal Place of Business
**1610 PERIWINKLE WAY
STE 102 C/O T LOUWERS
SANIBEL FL 33957**

Mailing Address
**PO BOX 1227
SANIBEL FL 33957**



2. Principal Place of Business

3. Mailing Address

2491 Palm Ridge Rd

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Sanibel, FL

City & State

4. FEI Number **65-0713442**

Applied For
Not Applicable

Zip **33957**

Country **Lee**

Zip

Country

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

**LOUWERS, THOMAS R
1619 PERIWINKLE WAY
STE 102
SANIBEL FL 33957**

Name **Lauren M V Davies**

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

2491 Palm Ridge Rd.

City **Sanibel**

FL

Zip Code **33957**

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 **Lauren M V Davies**
Signature, typed or printed name of registered agent and title if applicable.

Lauren M V Davies, Pres. **1/17/03**
(NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PELS, ROELAND P**
STREET ADDRESS **P O BOX 210**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **DT** ☒ Change ☐ Addition
NAME **Pels, Roeland P.**
STREET ADDRESS **P.O. Box 210**
CITY-ST-ZIP **Sanibel, FL 33957**

TITLE **D** ☒ Delete
NAME **FERNANDES, MARIA**
STREET ADDRESS **P O BOX 225**
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE **D** ☐ Delete
NAME **JAEGER, FRIEDRICH**
STREET ADDRESS **1630 PERIWINKLE WAY**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **DS** ☒ Change ☐ Addition
NAME **Jaeger, Friedrich**
STREET ADDRESS **2491 Palm Ridge Rd.**
CITY-ST-ZIP **Sanibel, FL 33957**

TITLE **P** ☐ Delete
NAME **DAVIES, LAUREN**
STREET ADDRESS **1597 SAND CASTLE ROAD**
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE: **Lauren M V Davies**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/03

239-

Date Daytime Phone #

CR2E034 (10/02)