2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P96000065150** Apr 17, 2000 8:00 am Secretary of State FLORIDA ISLAND FANTASY INC. 04-17-2000 90035 019 ***150.00 Principal Place of Business Mailing Address 5305 SOUNDSIDE DRIVE 127 E ZARA GOZA GULF BREEZE FL 32561 STE 206 PENSACOLA FL 32501-5989 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 75-2662567 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSBORNE, TERESA Street Address (P.O. Box Number is Not Acceptable) 5035 SOUNDSIDE DR **GULF BREEZE FL 32501** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PSTD** OsBonne, Delete TITLE TERESA TITLE OSBORNE, TERESA NAME 28581 MARACAIRO NAME 5305 SOUNDSIDE DRIVE STREET ADDRESS STREET ADDRESS Little Torch Key, FC. CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 SSBOVENE, MICHAEL Dr 28581 MARRACAINED Dr TITLE ☐ Delete TITLE OSBORNE, JAMES MICHAEL NAME NAME 5305 SOUNDSIDE DRIVE STREET ADDRESS STREET ADDRESS e Torost Kouita CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** TITLE TIT! F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tostee 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.