

DOCUMENT # P96000069426

1. Entity Name

ISLAND ACCOUNTING AND CONSULTING SERVICES, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90042 029 ***150.00

Principal Place of Business

1107 KEY PLAZA
STE 201
KEY WEST FL 33040
US

Mailing Address

1107 KEY PLAZA
STE 201
KEY WEST FL 33040-4077
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DANFORD, DON M III
6531 MALONEY AVE #10
KEY WEST FL 33040

Name

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

City

FL

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.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add11. OFFICERS AND DIRECTORS ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DANFORD, DON M III
1107 KEY PLAZA STE 201
KEY WEST FL 33040☐ DeleteTITLE
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12.

TITLE
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STREET ADDRESS
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STREET ADDRESS
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CITY-ST-ZIP☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add☐ Change ☐ Add

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON M. DANFORD III

PRESIDENT

2-22-2000

Date

Daytime Phone #