

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90003 018 \*\*\*150.00

**DOCUMENT # P96000080747**

1. Entity Name  
**ISLAND CAPITAL VENTURE, INC.**

Principal Place of Business

~~1708 OLD HIGHWAY 90~~  
**DESTIN FL 32550**  
**US**

Mailing Address

~~1708 OLD HIGHWAY 90~~  
**DESTIN FL 32550**  
**US**

2. Principal Place of Business

**1708 SCENIC GULF DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**1708 SCENIC GULF DRIVE**  
 Suite, Apt. #, etc.

City & State

Zip Country

City & State

Zip Country

4. FEI Number **59-3422230**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**POPE, WILLIAM A.**  
~~1708 OLD HWY 90~~ **1708 SCENIC GULF DRIVE**  
**DESTIN FL 32550**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>HORNADILL, KATHY P</del>	
STREET ADDRESS	<del>1708 OLD HIGHWAY 90</del>	
CITY-ST-ZIP	<del>DESTIN FL</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POPE, WILLIAM A.</b>	
STREET ADDRESS	<del>1708 OLD HIGHWAY 90</del>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POPE, WILLIAM A. III</b>	
STREET ADDRESS	<del>1708 OLD HIGHWAY 90</del>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1708 SCENIC GULF DRIVE</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1708 SCENIC GULF DRIVE</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 REQUIRED SECRETARY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**850 831 4714**  
**July 26 2002**  
Date Daytime Phone #

CR2E034 (4/02)

*Attachment*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 16, 2002

CINELLI POOLS, INC.  
4910 SW 88TH TERRACE  
COOPER CITY, FL 33328

SUBJECT: CINELLI POOLS, INC.  
Ref. Number: P97000083963

*675783*

We have received your document for CINELLI POOLS, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

We are unable to waive or reduce the late fee. The corporation received the corporate annual report/uniform business report and notice that failure to file the report by May 1 would result in a \$400.00 late fee.

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 802A00043837

attached

# P96000080747

1675433

ISLAND CAPITAL VENTURE, INC.  
1708 SCENIC GULF DRIVE  
DESTIN, FLORIDA 32550

July 8, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document # P96000080747  
Request to Waive Late Fee

Dear Division of Corporations:

This is a request to have the late fee waived for the above referenced corporation. The prior 2002 Uniform Business Report was not received by the Company. I have enclosed the UBR and the original fee of \$150.00.

Sincerely yours,



William A. Pope  
Director