

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020031

1. Entity Name  
**SAY ISLANDJON ENTERPRISES, INC.**



**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90017 046 \*\*\*150.00

0094640 AV

Principal Place of Business  
**14750 EDEN STREET**  
**FT MYERS FL 33908**

Mailing Address  
**14750 EDEN STREET**  
**FT MYERS FL 33908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0725207**

Applied For  
 Not Applicable

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

**JOHN, GOODWIN L SR.**  
**14750 EDEN STREET**  
**FT MYERS FL 33908**

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 *Goodman L John*  
 Signature, typed or printed name of registered agent and title if applicable.

**GOODWIN L JOHN**

(NOTE: Registered Agent signature required when reinstating)

**9/7/01**  
 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 \$550.00**  
**After September 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**JOHN, GOODWIN L SR**  
**14750 EDEN STREET**  
**FT MYERS FL 33908** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD**  
**JOANNE CRAWFORD**  
**4280 S.E. 20th PK. - 2-702**  
**CAPE CORAL, FL 33904** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD**  
**DOUGLAS, JOSEPH C**  
**170 JANNYWREN WAY, N. YORK**  
**ONTARIO CANADA M2G2Z2** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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 CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*JOANNE CRAWFORD*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOANNE CRAWFORD**

Date

Daytime Phone #

**9/7/01**

CR2E034 (5/01)

Say Islandjon Enterprises, Inc.  
14750 Eden Street  
Fort Myers, FL 33908

*Attachment*  
*#PA 7000030031*  
*A0085653*

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

Sept. 6, 2001

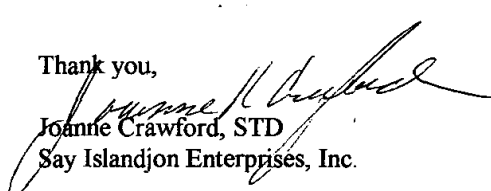
Dear Sir/Madam,

As per my telephone call to your office, this is the first time we have received this

~~form. At that time they told me to pay \$150.00.~~

Enclosed is completed form and check for \$150.00 - check #2532.

Thank you,

  
Joanne Crawford, STD  
Say Islandjon Enterprises, Inc.