

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031522

1. Entity Name

ISLAND BUILDING COMPANY

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90094 005 ***150.00

Principal Place of Business

11300 US HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408

Mailing Address

13257 TANGERINE BLVD.
WEST PALM BEACH FL 33412-1918

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

65-0749443

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

REYNOLDS, JOHN D
1279 LAKE WORTH LANE
NO PALM BEACH FL 33408

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 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 CD ☐ Delete
NAME JOHN D REYNOLDS
STREET ADDRESS 1279 LK WORTH LN
CITY-ST-ZIP W PALM BCH FL 33408

TITLE CD ☒ Change ☐ Addition
NAME JOHN D. REYNOLDS
STREET ADDRESS 11300 US HIGHWAY ONE Suite 400
CITY-ST-ZIP NORTH PALM BCH. FL 33408

TITLE PD ☐ Delete
NAME MIKE HUNLEY
STREET ADDRESS 775-4 8TH CT
CITY-ST-ZIP VERO BCH FL 32962

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

TITLE STD ☐ Delete
NAME JEAN CHASE
STREET ADDRESS 13257 TANGERINE BLVD
CITY-ST-ZIP W PALM BCH FL 33412

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
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

JOHN D. REYNOLDS

4/10/99

Date

5617791-8085

Daytime Phone #

CR2E034 (9/99)