

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031522

1. Entity Name

ISLAND BUILDING COMPANY

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
CD	JOHN D REYNOLDS	11300 US HWY ONE, SUITE 400	N PALM BEACH FL 33408	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	MIKE HUNLEY	775-4 8TH CT	VERO BCH FL 32962	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	JEAN CHASE	13257 TANGERINE BLVD	W PALM BCH FL 33412	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90007 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)