

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044687

1. Entity Name

C.T. ISLAND ENTERPRISES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90009 026 ***150.00

Principal Place of Business

Mailing Address

13205 U.S. HWY ONE
SUITE 500
JUNO BEACH FL 33408

13205 U.S. HWY ONE
SUITE 500
JUNO BEACH FL 33408-2242

2. Principal Place of Business

3. Mailing Address

1547 PROSPERITY FARMS ROAD

1547 PROSPERITY FARMS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

SUITE 101

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

Zip

Country

Zip

Country

33403

USA

33403

USA

4. FEI Number

59-3449338

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

KURTZ, JOHN W
13205 U.S. HWY ONE
SUITE 500
JUNO BEACH FL 33408

Name

NARDA BUTNER, BUTNER + KAHLE

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

777 S. FLAGLER BLVD

SUITE 650 EAST

City

WEST PALM BCH

FL

Zip Code

33401

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 NARDA BUTNER, CPA BUTNER + KAHLE

5/1/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZATREPALAK, CHARLES
1547 PROSPERITY FARMS RD STE 101
WPB FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZATREPALAK, CHARLES
1547 PROSPERITY FARMS ROAD, SUITE 101
WEST PALM BCH, FL 33403 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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: SIGNATURE CHARLES ZATREPALAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

561-840-0420

Daytime Phone #

CR2E034 (9/99)