

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

05-22-2000 90020 046 \*\*\*150.00

**DOCUMENT # P97000089757**

1. Entity Name  
**CHINO ISLAND, INC.**

Principal Place of Business

**1010 SW 22ND TERR  
 CAPE CORAL FL 33991**

Mailing Address

**PO BOX 1155  
 CAPE CORAL FL 33910-1100**

2. Principal Place of Business

**2126 SW 13<sup>th</sup> Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address

**PO BOX ~~1155~~**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Cape Coral, FL**  
 Zip  
**33991** - Country  
**USA**

City & State  
**Cape Coral, FL**  
 Zip  
**33910** - Country  
**USA**

4. FEI Number **65-0782378** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GUNNING, DONALD K  
 1010 SW 22ND TERR  
 CAPE CORAL FL 33991**

7. Name and Address of New Registered Agent

Name **Donald K Gunning**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2126 SW 13<sup>th</sup> Ave**  
 City **Cape Coral** FL Zip Code **33991**

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 \_\_\_\_\_ (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	<b>D</b> <b>GUNNING, DONALD K</b> <b>2126 SW 13TH AVE</b> <b>CAPE CORAL FL 33991</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JABLONSKI, JOSEPH H</b> <b>7409 DANR-LIN CIRCLE</b> <b>NORTH.FT. MYERS FL 33917</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Donald K Gunning** Date **5/30/00** Daytime Phone # **941-458-3988**