

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90026 004 ***150.00

06347C

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 33910-1155

622998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2126 SW 13th Ave

3. Mailing Address
PO 101155

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

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

Zip **33991** Country **USA**

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

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

Name
Donald K Gunning
 Street Address (P.O. Box Number is Not Acceptable)
2126 SW 13th 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, 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 **D** Delete
 NAME **GUNNING, DONALD K**
 STREET ADDRESS **2126 SW 13TH AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JABLONSKI, JOSEPH H**
 STREET ADDRESS **7409 DANR-LIN CIRCLE**
 CITY-ST-ZIP **NORTH FT. MYERS FL 33917**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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: **DONALD K Gunning** (941) 458-3788
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)