

**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**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO 101155**  
 Suite, Apt. #, etc.

City & State  
**CAPE CORAL, FL**

City & State  
**CAPE CORAL, FL**

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

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 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.  **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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUNNING, DONALD K</b>	
STREET ADDRESS	<b>2126 SW 13TH AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33991</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JABLONSKI, JOSEPH H</b>	
STREET ADDRESS	<b>7409 DANR-LIN CIRCLE</b>	
CITY-ST-ZIP	<b>NORTH FT. MYERS FL 33917</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **DONALD K Gunning** 2/12/01 458-3788 (941)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)