

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90043 024 \*\*\*150.00

**DOCUMENT # P97000103544**

1. Entity Name  
**ISLAND LAKE BUSINESS CENTER, INC.**

Principal Place of Business <b>1555 HOWELL BRANCH          SUITE C-208          WINTER PARK FL 32789          US</b>	Mailing Address <b>P.O. BOX 940157          MAITLAND FL 32794          US</b>
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954028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>1555 HOWELL BRANCH RD</b> Suite, Apt. #, etc. <b>SUITE C-208</b>
City & State	City & State <b>WINTER PARK FL</b>
Zip	Country
<b>32789</b>	<b>US</b>

4. FEI Number <b>59-3482423</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KELLOGG, ROGER W  
 2515 ANACONDA TRAIL  
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KELLOGG, ROGER W</b> <b>1555 HOWELL BRANCH RD C-208</b> <b>WINTER PARK FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MITCHELL, JOHN C II</b> <b>143 N KILLARNET DR</b> <b>WINTER PARK FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 which is other like empowered.

SIGNATURE: *Roger W Kellogg* **ROGER W KELLOGG** 4/12/01 407-644-2212  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)