

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91779 017 ***150.00

DOCUMENT # P98000002040

1. Entity Name
ISLAND PROPERTIES OF PERDIDO KEY, INC.

Principal Place of Business

14180 PERDIDO KEY DRIVE
SUITE 3
PENSACOLA FL 32507

Mailing Address

14180 PERDIDO KEY DRIVE
SUITE 3
PENSACOLA FL 32507

2. Principal Place of Business

14180 Perdido Key Drive

Suite, Apt. #, etc.

Suite 6

City & State

Pensacola, FL

Zip

32507

Country

USA

3. Mailing Address

14180 Perdido Key Drive

Suite, Apt. #, etc.

Suite 6

City & State

Pensacola, FL

Zip

32507

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2077732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSTELLER, BRUCE A
5264 CHOCTAW AVENUE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2002 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 **D** ☐ Delete
NAME **MARSTELLER, BRUCE A**
STREET ADDRESS **5264 CHOCTAW AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2002 850 492 1808

CR2E034 (9/01)