## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED Jan 16, 2001 8:00 am Secretary of State DOCUMENT # P98000005727 1. Entity Name ISLAND LEISURE PRODUCTS, INC. 01-16-2001 90094 008 \*\*\*158.75 Principal Place of Business Mailing Address PO ROX 269 79851 OVERSEAS HWY ISLAMORADA FL 33036 ISLAMORADA FL 33036 US 3. Mailing Address 2. Principal Place of Business 89210 OVER DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0809898 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -ında Coyner COYNER, LINDA Street Address (P.O. Box Number is Not Acceptable) 79051 OVERSEAS HWY <u>89210 Overs</u> PO 269 . O. 269 ISLAMORADA FL 33036 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. LINDA COYNEM FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change MESIDEUT ☐ Delete TITLE aige Remine NAME REMINGTON, PAIGE NAME 9210 Overseas H STREET ADDRESS STREET ADDRESS 79851 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Addition . Delete TITLE **VPS** TITLE NAME NAME COYNER, LINDA STREET ADDRESS 210 over STREET ADDRES 79851 OVERSEAS HWY-CITY-ST-ZIE CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change f ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 the report is 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR