

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90196 047 ***150.00

DOCUMENT # P98000009131

1. Entity Name

ISLAND TIME TIKI, INC.

Principal Place of Business

Mailing Address

2550 PALM BAY ROAD NE STE 205
 PALM BAY FL 33905

2550 PALM BAY ROAD NE STE 205
 PALM BAY FL 32905-3566

2. Principal Place of Business

3. Mailing Address

1627 US Highway 1
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBASTIAN FL

4. FEI Number

59-3497779

Applied For

Not Applicable

Zip

Country

Zip

Country

32958

INDIAN RIVER

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

HENF, CINDIE L
 2550 PALM BAY ROAD NE STE 205
 PALM BAY FL 33905

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, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	HENF, CINDIE L	
STREET ADDRESS	2550 PALM BAY ROAD NE STE 205	
CITY-ST-ZIP	PALM BAY FL 33905	
TITLE	Jeffrey R. Chandler	<input type="checkbox"/> Delete
NAME	C/O 2550 Palm Bay Road NE STE 205	
STREET ADDRESS	Palm Bay, FL 32905	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #