

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011738

1. Entity Name

ISLAND CARPENTRY INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90133 001 ***150.00

Principal Place of Business 9312 KINCAID COURT SANIBEL ISLAND FL 33957	Mailing Address 9312 KINCAID COURT SANIBEL ISLAND FL 33957
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0783827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FOYE, ERIKA
9312 KINCAID COURT
SANIBEL ISLAND FL 33957

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]

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when replacing)

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	DP FOYE, MARTIN 9312 KINCAID COURT SANIBEL ISLAND FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FOYE, ERIKA 9312 KINCAID COURT SANIBEL ISLAND FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHWARTZ, JEFFREY P.O. BOX 161 SANIBEL ISLAND FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERS, WILTON JR P.O. BOX 978 SANIBEL ISLAND FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EASTMAN, DON 23 EMILY LANE FORT MYERS BEACH FL 33931 <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	Josh Christensen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15585 Iona Lakes Rd Ft Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin Christensen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15585 Iona Lakes Rd Ft Myers, FL 33908
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
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone

4/19/01 941-472
2180

CR2E034 (10/00)