

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000086260**

1. Entity Name

ISLAND POINT, INC.**FILED**
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90196 024 ***150.00

Principal Place of Business

**901 S FEDERAL HWY. SUITE 203
FT LAUDERDALE FL 33316**

Mailing Address

**901 S FEDERAL HWY. SUITE 203
FT LAUDERDALE FL 33316-1236**

2. Principal Place of Business

901 S. Federal Highway

3. Mailing Address

901 S. Federal Highway

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FLZip
33316Country
USAZip
33316Country
USA

4. FEI Number

65-0870720

Applied For

Not Applicable

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****WILKES, JOHN P
150 N FEDERAL HWY, SUITE 200
FT LAUDERDALE FL 33301**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP JOYNER, WILLIAMS A 901 S FEDERAL HWY, SUITE 203 FT LAUDERDALE FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PALKA, GREGORY A 817 DOUGLAS AVE, SUITE 177 ALTAMONTE SPRINGS FL 32714 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOYNER, WILLIAMS A. 901 S. FEDERAL HIGHWAY, SUITE 101 FORT LAUDERDALE, FL 33316 <input checked="" 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
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

2/1/00

Date

Daytime Phone #

CR2E034 (9/99)