

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094826

1. Entity Name
YOUR ISLAND CONNECTION INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90011 046 ***550.00

Principal Place of Business

15208 BAHIA COURT
FT. MYERS FL 33908

Mailing Address

15208 BAHIA COURT
FT. MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3543047

Applied For

Not Applicable

Zip

Country

Zip

Country

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

URKOVICH, RONALD S ESQ.
2323 WOOSTER LANE
SUITE 2
SANIBEL FL 33957-3223

Name

Claudia Frey

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

15208 BAHIA COURT

City

Fort Myers, FL

FL

Zip Code

33908

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

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

Pres.

Claudia Frey Pres.

DATE

7/14/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D
FREY, CLAUDIA
15208 BAHIA COURT
FT. MYERS FL 33908

☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ 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:

Claudia Frey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

941-472-1511

Date

Daytime Phone #

CR2E034 '5/00'