

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

ISLAND HOPPERS INC.

P99000013758

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

05-15-2000 90285 028 ***150.00

Principal Place of Business

Mailing Address

9820 Sheridan Street
apt. 2 - 108
Pembroke Pines, Florida 33024

2. Principal Place of Business
same as above

3. Mailing Address
same as above

Suite, Apt. #, etc.
same as above

Suite, Apt. #, etc.
same as above

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

A3053683

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Same as Above

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

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

Joseph G Packard

(NOTE: Registered Agent signature required when reinstating)

4/11/00

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 President ☐ Delete
NAME Joseph G. Packard
STREET ADDRESS 9820 Sheridan St. apt. 108
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Joseph G. Packard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

(954) 447-4347

Daytime Phone #

CR2E034 (9/99)

#

P9900001375-8
A0053683
Just
check
list.
not
provide

1-800-238-0222

JOSEPH G. PACKARD
SARAH PACKARD
FDL 221278860753 P26348573310

Pay to the
order of

One Hundred and Fifty Dollars

Date: 9-9-00

\$ 150.00

dollars

Security features
included.
Details on back.

NATIONSBANK, N.A.
NORTH HIALEAH OFFICE
1 EAST 49TH ST.
HIALEAH, FL 33013

for Island top...

3093

63-4/630

0630000470

063093

DESIGNER CHECKS - COUNTRY CHARM