

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90066 023 ***150.00

DOCUMENT # P99000052627

1. Entity Name
ISLAND MIND, INC.

Principal Place of Business

**1120 SEMINARY ST
 KEY WEST FL 33040
 US**

Mailing Address

**926 TRUMAN AVE
 KEY WEST FL 33040
 US**

2. Principal Place of Business

1005 Seminary St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West FL

City & State

Zip

33040

Country

Zip

Country

4. FEI Number

65-0927058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KELLEY, ALBERT
 926 TRUMAN AVENUE
 KEY WEST FL 33040**

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, 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, 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 **VST** ☐ Delete

NAME **KINSELLA, PETER**
 STREET ADDRESS **1120 SEMINARY ST**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **P** ☐ Delete

NAME **BOWERS, LESTER**
 STREET ADDRESS **1120 SEMINARY ST**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **ST** ☒ Delete

NAME **KINSELLA, PETER**
 STREET ADDRESS **1038 N STANFORD ST**
 CITY-ST-ZIP **ARLINGTON VA 22201**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VST** ☒ Change ☐ Addition

NAME **Kinsella, Peter**
 STREET ADDRESS **1005 Seminary St**
 CITY-ST-ZIP **Key West FL 33040**

TITLE **P** ☒ Change ☐ Addition

NAME **Bowers, Lester**
 STREET ADDRESS **1114 Catherine St #2**
 CITY-ST-ZIP **Key West FL 33040**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01 305 295 8535

CR2E034 (10/00)