## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P99000064187 1. Entity Name ISLAND ENCHANTMENT, INC.

Aug 07, 2002 8:00 am Secretary of State

08-07-2002 90174 012 \*\*\*150.00

Principal Place of Business Mailing Address 10251 NORTHEAST 110TH STREET 10251 NORTHEAST 110TH STREET ARCHER FL 32618 ARCHER FL 32618 973188 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3587916 Not Applicable ",Zip Country Country. **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANNAN, SHARON C CPA PA Street Address (P.O. Box Number is Not Acceptable) 161 N MAIN STREET WILLISTON FL 32696 Zip Code City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ΠĨLE Addition D ☐ Delete TITLE NAME GILBERT, REDONIA NAME **HIREET ADDRESS** 10251 NORTHEAST 110TH STREET STREET ADDRESS CITY-ST-ZIP ARCHER FL 32618 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CR2E034 (4/02)

Attachment

SHARON C. BRANNAN, CPA PA

161 N. MAIN STREET WILLISTON, FL 32696

Telephone (352) 528-6558 Fax (352) 528-5559

July 31, 2002

Department of State Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is in reference to Island Enchantment, Inc. regarding their 2002 UBR late filing fee.

Taxpayer has had problems receiving their mail during the past year. There have been several occasions where the mail was lost or just not delivered at all. Upon their receipt of the second notice, they are immediately filing this report.

Enclosed please find the completed report with the \$150.00 filing fee. We respectfully request a waiver of the \$400 late fee due to circumstances beyond their control.

Thank you in advance for your consideration. We look forward to your response.

Sincerely,

Sharon C. Brannan, CPA, PA

Enc.

Cc: Island Enchantment, Inc.