2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000084591 DOCUMENT

1. Entity Name

CANARY ISLAND 101 CORPORATION

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FILED Jul 10, 2003 8:00 am Secretary of State

07-10-2003 90119 045 ***550.00

					, A						
Principal Place of Business UNIT 101 PALM COLONY 24671 CANARY ISLAND BONITA SPRINGS FL 34134		C/O PO 1	Mailing Address C/O PATRICK B CASEY, J.D., CPA PO BOX 2527 BONITA SPRINGS FL 34133-2527								
2. Principal Place of Business			3. Ma	3. Mailing Address) (401100) (10 10110)0111	Biri bibbi b irli	8 1818) 1181 1881	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			1	☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	4. FEI Number 59-3611142 Applied For Not Applicable			
Zip	Country Zip Coun				try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Register	ed Agent			7. Name and Address of New Registered Agent				
						-Name					
CASEY, P		MONAL CENTER STE	2209	Street Address			(P.O. Box Number is Not Acceptable)				
SUNSHINE PROFESSIONAL CENTER, STE 22 - 9240 BONITA BEACH ROAD				.03				-			
χ bonita s	SPRINGS FL	34135				City		FL	Zip Cod	de	
	named entity		or the brit	pose of changing its	registere	ed office or registe	ered ag	gent, or both, in the State of Florida. I am f	amiliar with	, and accept	
SIGNATURE.	7	Syst agont.	<u> </u>					7/8/0	<u> </u>		
	Signature, typed	or printed name of redistered agen	t and title if app	plicable. (NOTE	: Registered	d Agent signature require	ed when re	einstating) DATE			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO)BS	11,		ĀΓ	L DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	
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12 I hereby o	ertify that the	information supplied with	h this filing	does not qualify for	the ever	notion stated in S	antina	119 07(3)(i) Florida Statutes I further cert	ifu that the	information	

The early details the information supplied with this filling goes not quality for the exemption stated in Section 119.07(3)(1), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: PSIGNAVIVA HAROUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #