

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084790

1. Entity Name

SHOPPERS ISLE.COM, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90012 034 ***150.00

Principal Place of Business

Mailing Address

6 OKEECHOBEE COURT
DESTIN FL 32541

6 OKEECHOBEE COURT
DESTIN FL 32541-4425

2. Principal Place of Business

3. Mailing Address

6 Okeechobee Court

6 Okeechobee Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Destin FL

City & State
Destin FL

Zip
32541

Country
USA

Zip
32541

Country
USA

Tax ID

4. FEI Number
59-361217

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLEET, BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name
Same

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REDDEN, GARY
1824 NW 3RD PLACE, NO. 20
GAINESVILLE FL 32603 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
REDDEN, DANYELLE
1824 NW 3RD PLACE, NO. 20
GAINESVILLE FL 32603 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
REDDEN, DERONDA
1824 NW 3RD PLACE, NO. 20
GAINESVILLE FL 32603 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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☐ 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, 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 #

4-30-2000 850 837 0498

CR2E034 (9/99)