

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097175

1. Entity Name

B&D ISLAND, INC.

FILED

Mar 19, 2001 8:00 am  
Secretary of State

03-19-2001 90047 008 \*\*\*150.00

Principal Place of Business

8392 OVERSEAS HWY  
ISLAMORADA FL 33036

Mailing Address

8392 OVERSEAS HWY  
ISLAMORADA FL 33036

2. Principal Place of Business

83292 OVERSEAS HWY  
Suite, Apt. #, etc.

3. Mailing Address

83292 OVERSEAS HWY  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ISLAMORADA FL

City & State

ISLAMORADA FL

4. FEI Number 65-0963810

Applied For

Not Applicable

Zip

33036

Country

USA

Zip

33036

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, DENNIS  
1135 HAMMOCK RD.  
ISLAMORADA FL 33036

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME JOHNSON, DENNIS  
STREET ADDRESS 113 S HAMMOCK RD  
CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Delete

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

TITLE VD  
NAME DRUSCHEL, ROBERT  
STREET ADDRESS 3538 CHIPPEWA RIVER DR.  
CITY-ST-ZIP EAU CLAIRE WI 54703 ☒ Delete

TITLE VD  
NAME DRUSCHEL, ROBERT  
STREET ADDRESS 3538 CHIPPEWA RIVER DR.  
CITY-ST-ZIP EAU CLAIRE, WI 54703 ☐ Change ☐ Addition

TITLE STD  
NAME JOHNSON, PERRI  
STREET ADDRESS 113 S. HAMMOCK RD  
CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 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

3/15/01  
Date

(305) 664-4204  
Daytime Phone #

CR2E034 (10/00)