

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90035 042 ***150.00

0431684

DOCUMENT # P99000110909

1. Entity Name
ISLAND COMMERCE, INC.

Principal Place of Business
717 E. OAK ST.
KISSIMMEE FL 34744
Mailing Address
717 E. OAK ST.
KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number
59-3614404
Applied For
Not Applicable

Zip
Country
Zip
Country
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

SWART, HARRY J CPA
717 E. OAK ST.
KISSIMMEE FL 34744

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.
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

Table with columns for OFFICERS AND DIRECTORS (11) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (12). Rows include names like SCHULMAN, JEFFREY I and SCHULMAN, JUNE M with titles and addresses.

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 empowerments.

SIGNATURE: [Handwritten Signature]
Date: 4-10-01
Daytime Phone #: 813-671-5072

CR2E034 (10/00)