

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90106 043 ***150.00



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	
		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 _____ (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) <input checked="" type="checkbox"/> FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			
10. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	SCHULMAN, JEFFREY I		
STREET ADDRESS	P.O. BOX 6792		
CITY-ST-ZIP	HILTON HEAD SC 29938		
TITLE	S	<input type="checkbox"/> Delete	
NAME	SCHULMAN, JUNE M		
STREET ADDRESS	P.O. BOX 6792		
CITY-ST-ZIP	HILTON HEAD SC 29938		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
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TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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.			
SIGNATURE: <i>Jeffrey I Schulman</i> SIGNATURE REQUIRED <i>Schulman</i> 4/25/02 847-877-5072			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/01)