## 2000 UNIFORM BUSINESS REPORT (UBR)

ISLAND T-SHIRT FACTORY, INC.

Principal Place of Business

Mailing Address

140 49TH ST., OCEAN MARATHON FL 33050

140 49TH ST., OCEAN MARATHON FL 33050-2608

## **FILED** Apr 23, 2000 8:00 am Secretary of State **DOCUMENT # \$17235** 1. Entity Name

04-23-2000 90058 024 \*\*\*150.00

US							ENIE BEGER GEREL	OTOTA DE DET	Va dedee idda	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 65-0232084 Applied For Not Applicable					
Zip Country Zip		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					ļ
CHAPLIN, JAMES D. 140 49TH ST., OCEAN MARATHON FL 33050				Name Street Address (P.O. Box Number is Not Acceptable)						
			}	City			FL	Zip Cod	e	
8. The above	named entity submits this statement for	or the purpose of changing it	s registered	d office or registe	ered age	nt, or both, in the State of Floa	rida.			
SIGNATURE _	Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registered	Agent signature require	ed when rein	estating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY 1, 2000 Make Check Payable			000 Fee v	vill be \$550.00	1	10. Election Campaign Fin Trust Fund Contribution	ı.	Ådded	May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADE	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR		۽ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPLIN, JAMES D. 5190 OVERSEAS HWY. MARATHON, FL 33050	☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	00/0/ /6036
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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

Daytime Phone #