2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47754

1. Entity Name

ISLANDS INTERNATIONAL REALTY, INC.

FILED

02 FEB 28 PM 4:28

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Principal Place of Business	Mailing Address
1040 MORNINGSIDE DRIVE NAPLES FL 34103	1040 MORNINGSIDE DRIVE NAPLES FL 34103

2. Principal Place of Business	**3.** Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc. _Same_	Suite, Apt. #, etc. _Same_	
City & State _Same_	City & State _Same_	**4.** FEI Number **65-0255582** / 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
WILSON, GARY M 1040 MORNINGSIDE DRIVE NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) _Same_ City _Same_ 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 _____ /s/ Gary M. Wilson   02/26/02

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Gary M. Wilson

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 **D** / NAME **WILSON, GARY M** / STREET ADDRESS **1040 MORNINGSIDE DRIVE** / CITY-ST-ZIP **NAPLES FL 34103**	☐ 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 _Same_	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP _Same_	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP **REINSTATEMENT** 01/02	☐ Change ☐ Addition
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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: _____ Gary M. Wilson - 02-65_02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/00)