

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90068 032 \*\*\*158.75

**DOCUMENT # V20639**

1. Entity Name

**JUST ANOTHER ISLAND CORPORATION**

Principal Place of Business

**5400 SOUTHSEAS ROAD  
 CAPTIVA FL 33924  
 US**

Mailing Address

**15030 N. PEBBLE LANE  
 FORT MYERS FL 33912-2333  
 US**

10010010

2. Principal Place of Business

**5400 SOUTH SEAS ROAD**

3. Mailing Address

**P.O. BOX 218**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CAPTIVA, Florida**

City & State

**CAPTIVA, Florida**

4. FEI Number

**65-0325997**

Applied For

Not Applicable

Zip

**33924**

Country

**USA**

Zip

**33924**

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

**PRIMICH, THEODORE F.  
 15030 N. PEBBLE LANE  
 FORT MYERS FL 33912**

Name

**SAME**

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

**NONE**

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, 2000 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **PRIMICH, THEODORE F.**  
 CITY-ST-ZIP **15030 N. PEBBLE LANE  
 FT. MYERS FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**Theodore F. Primich**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/00**  
 Date

**941-472-2938**  
 Daytime Phone #