

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20639

1. Entity Name

JUST ANOTHER ISLAND CORPORATION

Principal Place of Business

5400 SOUTHEAS ROAD  
CAPTIVA FL 33924  
US

Mailing Address

15030 N. PEBBLE LANE  
FORT MYERS FL 33912  
US

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 218

Suite, Apt. #, etc.

City & State

City & State

CAPTIVA Florida

Zip

Country

Zip

Country

33924

USA.

4. FEI Number 65-0325997

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

TED PRIMICH

Street Address (P.O. Box Number is Not Acceptable)

900 SAN CARLOS DR

City

FORT MYERS BEACH

FL

Zip Code

33931

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

SAME

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, 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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Ted Primich President

3/10/2001

941-765-1250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 15, 2001 8:00 am  
Secretary of State

03-15-2001 90193 039 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

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