2000 UNIFORM BUSINESS REPORT (UBR)

FILED **L53845** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name ISITEX, INC. 04-24-2000 90035 023 ***150.00 Principal Place of Business Mailing Address 1908 WOODSIDE CT 1908 WOODSIDE CT PLANT CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business 3. Mailing Address 5103 ROLLING FAIRWAY DR 5103 ROLLING FAIRWAY Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2994448 Not Applicable ALRICO, ALRICO Country Country \$8.75 Additional 5. Certificate of Status Desired 33594 Fee Required U SA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LA DUCA, NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 5103 ROLLING TAIRWAY 1908 WOODSIDE CT PLANT CITY FL 33567 Zip Code 33594 VALRICO 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 red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE Change Change TITLE LA DUCA, NICHOLAS NAME NAME 5103 ROLLING FAIRWAY DR. STREET ADDRESS STREET ADDRESS 1998 WOODSIDE CT CITY-ST-ZIP CITY-ST-ZIP Plant City Fl VALRICO, FL 33594 **VSD** ☐ Addition TITLE TITLE □ Delete LA DUCA, KATHY P. NAME NAME 5103 ROLLING FAIRWAY 1908 WOODSIDE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLANT-CITY FL VALRICO, FL 33594 Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

3. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P



4180

813-685-3326

Daytime Phone #