

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90060 033 ***158.75

DOCUMENT # P01000105887
 1. Entity Name
ISIS SARASOTA, INC.

Principal Place of Business Mailing Address
2 NORTH PALAFOX STREET **2 NORTH PALAFOX STREET**
PENSACOLA FL 32501 **PENSACOLA FL 32501**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3757484** Applied For
 Not Applicable
 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
BELL, SCOTT J 2 NORTH PALAFOX STREET PENSACOLA FL 32501	Name _____ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 President/Director <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Scott J. Bell	NAME _____
STREET ADDRESS 2 N. Palafox St.	STREET ADDRESS _____	STREET ADDRESS Pensacola, FL 32501	STREET ADDRESS _____
CITY-ST-ZIP Pensacola, FL 32501	CITY-ST-ZIP _____	CITY-ST-ZIP Pensacola, FL 32501	CITY-ST-ZIP _____
TITLE Secretary/Director <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Dana R. Foster	NAME _____
STREET ADDRESS 2 N. Palafox St.	STREET ADDRESS _____	STREET ADDRESS Pensacola, FL 32501	STREET ADDRESS _____
CITY-ST-ZIP Pensacola, FL 32501	CITY-ST-ZIP _____	CITY-ST-ZIP Pensacola, FL 32501	CITY-ST-ZIP _____
TITLE Treasurer/Director <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME John J. Tolan, Jr.	NAME _____
STREET ADDRESS 2 N. Palafox St.	STREET ADDRESS _____	STREET ADDRESS Pensacola, FL 32501	STREET ADDRESS _____
CITY-ST-ZIP Pensacola, FL 32501	CITY-ST-ZIP _____	CITY-ST-ZIP Pensacola, FL 32501	CITY-ST-ZIP _____
TITLE Director <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME W. Edward Trehern	NAME _____
STREET ADDRESS 2 N. Palafox St.	STREET ADDRESS _____	STREET ADDRESS Pensacola, FL 32501	STREET ADDRESS _____
CITY-ST-ZIP Pensacola, FL 32501	CITY-ST-ZIP _____	CITY-ST-ZIP Pensacola, FL 32501	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	NAME _____
STREET ADDRESS _____	STREET ADDRESS _____	STREET ADDRESS _____	STREET ADDRESS _____
CITY-ST-ZIP _____	CITY-ST-ZIP _____	CITY-ST-ZIP _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	NAME _____
STREET ADDRESS _____	STREET ADDRESS _____	STREET ADDRESS _____	STREET ADDRESS _____
CITY-ST-ZIP _____	CITY-ST-ZIP _____	CITY-ST-ZIP _____	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)(l), 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: _____ **1/10/02** **850-432-0650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)