


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90539 047 ***158.75

DOCUMENT # P01000105887

1. Entity Name
ISIS SARASOTA, INC.



Principal Place of Business
2 NORTH PALAFOX STREET
PENSACOLA FL 32501

Mailing Address
2 NORTH PALAFOX STREET
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



CHECK HERE IF MAKING CHANGES

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

MCCRORY, SONDR
2 NORTH PALAFOX STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELL, SCOTT J	
STREET ADDRESS	2 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FOSTER, DANA R	
STREET ADDRESS	2 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOLAN, JOHN J JR	
STREET ADDRESS	2 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREHERN, W. EDWARD	
STREET ADDRESS	2 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *1/27/03* *850-432-0650*

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

CR2E034 (10/02)