

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90046 006 ***550.00

0130102 AT

DOCUMENT # P01000113378



1. Entity Name
ISX ENTERPRISES INC

Principal Place of Business
**LOT AN #24
BIG PINE KEY FL 33043**

Mailing Address
**P.O. BOX 431760
BIG PINE KEY FL 33043-1760**



2. Principal Place of Business
**1025 Whitehead St
Key West**

3. Mailing Address
**P.O. Box 431760
Big Pine Key
FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0538228** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip **33040** Country **MONROE** Zip **33043** Country **MONROE**

6. Name and Address of Current Registered Agent
**KOROTETSKI, MATVEI
LOT AH #24
BIG PINE KEY FL 33043**

7. Name and Address of New Registered Agent
Name **Matvei Korotetski**
Street Address (P.O. Box Number is Not Acceptable) **1025 Whitehead St
Key West**
City **FL** Zip Code **33043**

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 *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOROTETSKI, MATVEI LOT AH #24 BIG PINE KEY FL 33043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **KOROTETSKI, MATVEI** **07.14.03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)