

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90081 015 \*\*\*150.00

**DOCUMENT # P99000024965**

1. Entity Name

**BIG IKE, INC.**

Principal Place of Business

320 S PINE AVE  
 FT MEADE FL 33841

Mailing Address

320 S PINE AVE  
 FT MEADE FL 33841

2. Principal Place of Business

320 S. Pine Av.

Suite, Apt. #, etc.

3. Mailing Address

320 S. Pine Av.

Suite, Apt. #, etc.

City & State

Ft. Meade, Fla.

City & State

Ft. Meade, Fla.

4. Fee Number

P99000024965

Applied For

Applied For  
 Not Applicable

Zip

33841

County

Polk

Zip

33841

County

Polk

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURGESS, CARL J  
 1005 POLK STREET  
 BARTOW FL 33830

7. Name and Address of New Registered Agent

Name **Edward Isaac (Big Ike Inc.)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**320 So. Pine Av.**  
 City **Ft. Meade, FL** Zip Code **33841**

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 **Edward Isaac (Edward ISAAC)**

DATE **4/24/2000**

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, 2000 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 | NAME             | STREET ADDRESS       | CITY-ST-ZIP           | <input type="checkbox"/> Delete |
|-------|------------------|----------------------|-----------------------|---------------------------------|
| P/C   | Edward ISAAC     | 320 Pine Av.         | Ft. Meade, Fla. 33841 | <input type="checkbox"/>        |
| V/D   | Rodney ISAAC     | 5413 YARBOROUGH LANE | Lakeland, FLA. 33841  | <input type="checkbox"/>        |
| (T)   | JUANITA O. ISAAC | 320 S. PINE AV.      | FT. MEADE, FLA. 33841 | <input type="checkbox"/>        |
| (S)   | DIANA A. ISAAC   | 320 S. PINE AV.      | FT. MEADE, FLA. 33841 | <input type="checkbox"/>        |
|       |                  |                      |                       | <input type="checkbox"/>        |
|       |                  |                      |                       | <input type="checkbox"/>        |

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

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: **Edward Isaac (Edward ISAAC)**

DATE **4/24/2000** (863) 285-7282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)