

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90971 024 ***150.00

DOCUMENT # H22936

1. Entity Name

ISLES DEVELOPMENT CORPORATION



Principal Place of Business

2059 OAK MARSH DRIVE
FERNANDINA BEACH FL 32034
US

Mailing Address

P.O. BOX 353096
PALM COAST FL 32135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MEREDITH, SANDRA

2699 LEE RD. SUITE #430

WINTER PARK FL 32789

SYDNEY S. VESTLEY SR
4902 SAND CASTLE CIRCLE
ST. AUGUSTINE, FL 32085

7. Name and Address of New Registered Agent

Name

SYDNEY S. VESTLEY SR

Street Address (P.O. Box Number is Not Acceptable)

4902 SANDCASTLE CIRCLE

City

ST. AUGUSTINE

FL

Zip Code

32085

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

Sydney S. Vestley Sr *SYDNEY S. VESTLEY SR*

2-28-03

Signature typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CRISHER, JAMES N.**
CITY-ST-ZIP **2059 OAK MARSH DR**
FERNANDINA BCH FL

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **VESTLEY, SIDNEY S.**
CITY-ST-ZIP **4902 SANDCASTLE CIRCLE**
ST AUGUSTINE FL

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **CRISHER, GRACIE G.**
CITY-ST-ZIP **2059 OAK MARSH DRIVE**
FERNANDINA BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *SYDNEY NOT SIDNEY*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sydney S. Vestley Sr *SYDNEY S. VESTLEY SR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-03 386437543

CR2E034 (10/02)