

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90001 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # H83226</b>			
1. Entity Name <b>ISC DIVISION OF WELLNESS, INC.</b>			
Principal Place of Business <b>1023 SOUTH FLA. AVE. #208 P O BOX 8798 LAKE LAND FL 33806</b>		Mailing Address <b>1023 SOUTH FLORIDA AVENUE. #208 P O BOX 8798 LAKE LAND FL 33806</b>	
2. Principal Place of Business <b>1023 SOUTH FLA AVE Suite, Apt. #, etc. PO Box 8798 City &amp; State LAKE LAND FL Zip 33806</b>		3. Mailing Address <b>1023 SOUTH FLA. AVE Suite, Apt. #, etc. PO Box 8798 City &amp; State LAKE LAND FL Zip 33806</b>	
4. FEI Number <b>59-2595494</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>KNIGHT, E. LESLIE 1861 PINACLE DRIVE LAKE LAND FL 33813</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>E. Leslie Knight</u> DATE <u>1-2-01</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KNIGHT, E. LESLIE 1861 PINACLE DRIVE LAKE LAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, BARBARA S. 1861 PINNACLE DRIVE LAKE LAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>E. Leslie Knight</u>		Date <u>1-2-01</u> Daytime Phone # <u>863 686 8934</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/00)