

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-07-2003 90155 023 ****61.25
N02000005905

UBR-0303

DOCUMENT # N02000005905

1. Entity Name

HOUSE OF ISAAH INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 10 AM 8:00

Principal Place of Business

4733 WATERS AVE
1034
TAMPA FL 33614

Mailing Address

3910 HUNT ROAD #235
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0556244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

MRS

6. Name and Address of Current Registered Agent

WATTS, ISAAC, JR
3910 HUNT ROAD
#235
TAMPA FL 33614

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE *
NAME PS T.D.
STREET ADDRESS WATTS, ISAAC, JR.
CITY-ST-ZIP 3910 HUNT ROAD #235
TAMPA, FL 33614

☐ Delete

TITLE
NAME VP
STREET ADDRESS SMITH, LINDA E.
CITY-ST-ZIP 4733 W. WATERS AVE, #1034
TAMPA, FL 33614

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 617, 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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03

Date

813-918-3155

Daytime Phone #

CR2E037 (10/02)