

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90045 025 ***150.00

0436997 AV

DOCUMENT # P00000017877

1. Entity Name
THE ISELY COMPANY, INC.

Principal Place of Business
**5100 BURCHETTE ROAD
 SUITE 601
 TAMPA FL 33647**

Mailing Address
**5100 BURCHETTE ROAD
 SUITE 601
 TAMPA FL 33647**



2. Principal Place of Business
14902 DEER MEADOW DR.

3. Mailing Address
14902 DEER MEADOW DR.

DO NOT WRITE IN THIS SPACE

City & State
LUTZ FL

City & State
LUTZ FL

4. FEI Number
59-3626444

Applied For
 Not Applicable

Zip
33559-3118

Country

Zip
33559-3118

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISLEY, JAMES W
 5100 BURCHETTE ROAD
 SUITE 601
 TAMPA FL 33647**

Name **ISELY, JAMES W**
 Street Address (P.O. Box Number is Not Acceptable)
14902 DEER MEADOW DR
 City **LUTZ** FL Zip Code **33559-3118**

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 _____ (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, 2002 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	P	<input type="checkbox"/> Delete
STREET ADDRESS	ISELY, JAMES W	
CITY-ST-ZIP	5100 BURCHETTE RD #601	
	TAMPA FL 33647	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ISELY, JAMES W.	
CITY-ST-ZIP	14902 DEER MEADOW DR.	
	LUTZ FL 33559-3118	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date **11/21/2002** (813) 977-3451 Daytime Phone # _____

CR2E034 (9/01)