

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033665

1. Entity Name  
THE ITNOR CORP.

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90076 006 \*\*\*150.00

Principal Place of Business  
P.O. BOX 430531  
BIG PINE KEY FL 33043-531

Mailing Address  
P.O. BOX 430531  
BIG PINE KEY FL 33043-531

710445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. EEI Number

59-3655232

Applied For

Not Applicable

Zip

Country

Zip

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

ISAKSEN, JOHN  
30233 OVERSEA HWY.  
BIG PINE KEY FL 33043

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.

SIGNATURE

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ISAKSEN, JOHN	
STREET ADDRESS	30233 OVERSEA HWY.	
CITY-ST-ZIP	BIG PINE KEY FL 33043-531	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISAKSEN, GENEVIEVE	
STREET ADDRESS	30233 OVERSEA HWY.	
CITY-ST-ZIP	BIG PINE KEY FL 33043-531	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D-S-2ND V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAKSEN, JOHN F	
STREET ADDRESS	30233 OVERSEA HWY	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D-P-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAKSEN, GENEVIEVE	
STREET ADDRESS	30233 OVERSEA HWY	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	FIRST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKEYNOIDS, CAROL	
STREET ADDRESS	5700 LAUREL AVE #70	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Genevieve C. Isaksen* 1/30/01 305-877-2468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)