

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90812 013 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000033043  
1. Entity Name  
THE ITNOR CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 5700 LAUREL AVE Suite, Apt. #, etc. WATERS EDGE COLONY		3. Mailing Address P.O. BOX 430531 Suite, Apt. #, etc.	
City & State KEY WEST, FLORIDA		City & State BIG PINE KEY, FL	
Zip 33040	Country USA	Zip 33043	Country USA
4. FEI Number 59-3655232		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name GENEVIEVE ISAKSEN	
Street Address (P.O. Box Number is Not Acceptable) 31685 WARNER STREET	
City BIG PINE KEY	Zip Code FL 33043

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] DATE 6/22/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JOHN ISAKSEN P.O. BOX 430531 BIG PINE KEY, FL 33043	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT GENEVIEVE ISAKSEN P.O. BOX 430531 BIG PINE KEY, FL 33043	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER CAROLEE McREYNOLDS 5700 LAUREL AVE, #70 KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 5-22-02 3052961709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



*Attachment*

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

June 6, 2002

THE ITNOR CORP.  
P.O. BOX 430531  
BIG PINE KEY, FL 33043-531

Subject: **THE ITNOR CORP.**

Reference Number: **P00000033665**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please sign and return your check submitted with the annual report/uniform business report.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/nm  
ANNUAL REPORTS SECTION