

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90104 026 ***150.00

0391963 AV

DOCUMENT # P00000074640

1. Entity Name

**ISABELL REALTY & MANAGEMENT CO., OF PALM BEACH C
 OUNTY**

Principal Place of Business

Mailing Address

**3435 LAKE WORTH ROAD
 LAKE WORTH FL 33461**

**3435 LAKE WORTH ROAD
 LAKE WORTH FL 33461**

2. Principal Place of Business

3. Mailing Address

601 So Federal Hwy

601 So Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKE WORTH

LAKE WORTH

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

33460

USA

33460

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISABELL, SANDRA M
 3435 LAKE WORTH ROAD
 LAKE WORTH FL 33461**

SANDRA M ISABELL

Street Address (P.O. Box Number is Not Acceptable)

601 So. Federal Hwy

City **LAKE WORTH**

FL

Zip Code **33460**

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

Sandra M Isbell

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, 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	D	<input type="checkbox"/> Delete
NAME	ISABELL, SANDRA M	
STREET ADDRESS	3919 CAROLINA DR. OAD	
CITY - ST - ZIP	LAKE WORTH FL 33461	
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
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	412 So L St	
CITY - ST - ZIP	LAKE WORTH, FLORIDA 33460	
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
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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:

Sandra M Isbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-02 061-533-433

Date

Daytime Phone #

CR2E034 (9/01)