'01-'02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095469

1. Entity Name
ISU ENTERPRISES, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 11 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1811 ENGLEWOOD Rd		Same	
Suite, Apt. #, etc. 237		Suite, Apt. #, etc. Same	
City & State ENGLEWOOD, FL		City & State same	
Zip 34223	Country U-S A	Zip Same	Country Same

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1052749 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Joseph Lerner
Street Address (P.O. Box Number is Not Acceptable) 1811 Englewood Rd
#237
City Englewood **FL** Zip Code 34223

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] JOSEPH LERNER, PRES, R/A 3-5-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/S/T	TITLE	
NAME	JOSEPH LERNER	NAME	
STREET ADDRESS	1811 ENGLEWOOD RD #237	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	
TITLE		TITLE	300005172743--3
NAME		NAME	-03/27/02--01079--010
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Joseph Lerner, Pres 3-5-02 (941) 388-0323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #