

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90780 023 ***158.75

DOCUMENT # P01000059443

1. Entity Name
ISOCORP, INC.



Principal Place of Business
C/O WALTER ALES JR.
1545 PINEVIEW DR.
TALLAHASSEE, FL 32301

Mailing Address
C/O WALTER ALES JR.
1545 PINEVIEW DR.
TALLAHASSEE, FL 32301

60025878

2. Principal Place of Business
908 Thomasville Road
Suite, Apt. #, etc.

3. Mailing Address
908 Thomasville Road
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee FL
Zip **32303** Country **US**

City & State
Tallahassee FL
Zip **32303** Country **US**

4. FEI Number **59-3724678**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALES, WALTER JR
1545 PINEVIEW DR.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name **Tom Doughty**
Street Address (P.O. Box Number is Not Acceptable)
8087 Evening Star Lane
City **Tallahassee** FL Zip Code **32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Tom Doughty**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALES, WALTER JR	
STREET ADDRESS	1545 PINEVIEW DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGHTY, THOMAS K	
STREET ADDRESS	8087 EVENING STAR LN.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tom Doughty **4/30/03 (850) 222-8060**

CR2E034 (10/02)