

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90026 018 ***150.00

DOCUMENT # P01000063912**1. Entity Name**
ISOKERN WEST INC.**Principal Place of Business**
8917 WESTERN WAY, STE 120
JACKSONVILLE FL 32256**Mailing Address**
8917 WESTERN WAY, STE 120
JACKSONVILLE FL 32256**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3100026

Applied For

Not Applicable

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****SPADARO, CARL**
11860 MANDARIN RD
JACKSONVILLE FL 32223

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, 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** ☐ Delete
NAME **SPADARO, CARL R**
STREET ADDRESS **11860 MANDARIN RD**
CITY-ST-ZIP **JACKSONVILLE FL 32223****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **STYS, WALTER M**
STREET ADDRESS **133 SEA ISLAND DR**
CITY-ST-ZIP **PONTE VEDRA FL 32082****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:****WALTER M. STYS**
WALTER M. STYS

Date

1-7-02

Daytime Phone #

7843633417

CR2E034 (9/01)