## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am Secretary of State **DOCUMENT #** P01000105887 1. Entity Name 02-26-2002 90060 033 \*\*\*158.75 ISIS SARASOTA, INC. Principal Place of Business Mailing Address 2 NORTH PALAFOX STREET 2 NORTH PALAFOX STREET PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELL, SCOTT J Street Address (P.O. Box Number is Not Acceptable) **2 NORTH PALAFOX STREET** PENSACOLA FL 32501 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP <del>r</del>acola Triasurer Direct ☐ Change ☐ Addition TITLE ☐ Delete TITLE onn J. Tolan, Jr. NAME NAME 2 M. Palafox St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pensacola, F Director Change ☐ Addition ☐ Delete TITLE W. Edward Trehern 2 N. Palatox St. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. Thereby certify that the information supplied with this filling 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

ss, with all other like empowered

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an addr

SIGNATURE:

CR2E034 (9/01)

FILED