

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90135 013 ***150.00

0139188 AT

DOCUMENT # P02000082943

1. Entity Name
ISMU ENTERPRISES INC



Principal Place of Business
3408 TIMBERWOOD CIRCLE
NAPLES FL 34105

Mailing Address
3408 TIMBERWOOD CIRCLE
NAPLES FL 34105
US



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

57-1149266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **John Munroe, President & Director**
Street Address (B.O. Box Number is Not Acceptable) **3408 Timberwood Circle**
City **Naples** FL Zip Code **34105**

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 John Munroe **John Munroe, President & Director** **9/2/2003**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ISAZA, TERESA 3408 TIMBERWOOD CIRCLE NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MUNROE, JOHN 3408 TIMBERWOOD CIRCLE NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Munroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/2003 (231) 280-0122
Date Daytime Phone #

CR2E034 (4/03)



ATTACHMENT
#P02000082943
80144888

August 17, 2003

Division of Corporations
Uniform Business Report Filings
P.O. BOX 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

We are requesting a waiver of the late fee for filing of our 2003 Uniform Business Report since we did not receive the prior notice.

Please find the enclosed filing fee of \$150.00.

Sincerely,

A handwritten signature in cursive script, appearing to read "John Munroe".

John Munroe
President

cc: [illegible]