FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

182

FILED
Jul 19, 2002 8:00 A
Secretary of State

DOCUMENT # P 25048

1. Entity Name

H.J.ISAACSON, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6192 VIA VENETIA NORTH	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL.	City & State
Zip: 33484 Country: USA	Zip Country

4. FEI Number: 36-3316952 ☐ 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: RONALD B. OPPER

Street Address (P.O. Box Number is Not Acceptable): 6192 VIA VENETIA NORTH

City: DELRAY BEACH, **FL** Zip Code: 33484

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 _____ DATE

Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when submitting)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ISAACSON, GAIL 3908 W. BERTEAU AVE. CHICAGO IL 60618
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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: RONALD B. OPPER 7/17/02 954-236-6588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #