

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90043 047 \*\*\*150.00

0093904 AV

**DOCUMENT # P93000034205**  
 1. Entity Name  
**ISLEWORTH REAL ESTATE SERVICES, INC.**

Principal Place of Business 9701 CHESTNUT RIDGE DR WINDERMERE FL 34786 US	Mailing Address 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32801-3432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3181471</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**A.G.C. CO.,**  
**200 SOUTH ORANGE AVENUE**  
**SUITE 2300**  
**ORLANDO FL 32801-3432**

**7. Name and Address of New Registered Agent**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THAKKAR, RASESH</b> <b>5062 ISLEWORTH COUNTRY CLUB DR.</b> <b>WINDERMERE FL 34786</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RICHARDS, LISA</b> <b>9129 MID PINES COURT</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>KAY, CHRISTOPHER K</b> <b>5524 ISLEWORTH COUNTRY CLUB DR.</b> <b>WINDERMERE FL 34786</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>VOSS, JEFFERSON</b> <b>550 JEFFERSON ST</b> <b>OAKLAND FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>9701 Chestnut Ridge Dr Windermere FL 34786</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>9701 Chestnut Ridge Dr Windermere FL 34786</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>9701 Chestnut Ridge Dr Windermere FL 34786</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>9701 Chestnut Ridge Dr Windermere FL 34786</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *[Signature]* **JEFFERSON VOSS** **3/13/02 (407) 876-0111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)

*ATTACHMENT*

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**BAKER**  
&  
**HOSTETLER** LLP  
COUNSELLORS AT LAW

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200 SOUTH ORANGE AVENUE • SUNTRUST CENTER, SUITE 2300 • P.O. BOX 112 • ORLANDO, FLORIDA 32802-0112 • (407) 649-4000  
FAX (407) 841-0168  
WRITER'S DIRECT DIAL NUMBER

649-4681

March 21, 2002

Annual Reports Filings  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

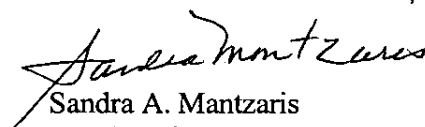
Re: 2002 Uniform Business Report for Isleworth Real Estate Services, Inc.  
Document No. P93000034205 / 60160003

Dear Sir or Madam:

Enclosed please find the 2002 Profit Corporation Uniform Business Report for the above-referenced entity. Also enclosed is a check in the amount of \$150.00 to cover the cost of the filing fee.

If you have any questions regarding this matter, please do not hesitate to contact our office.

Very truly yours,

  
Sandra A. Mantzaris

Legal Assistant, Corporate Maintenance

Enclosures

cc: Tico A. Perez, Esq. (w/o encs.)

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