

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068918

1. Entity Name

ISOLA & ASSOCIATES, INC.

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90005 005 \*\*\*150.00

948147



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
557 WYMORE ROAD NORTH  
101  
MAITLAND FL 32751  
US

Mailing Address  
P O BOX 941483  
SUITE 1  
MAITLAND FL 32794-1483  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**DELETE "SUITE 1"**

City & State

City & State

4. FEI Number **59-3213092**  
Applied For:  
Not Applicable

Zip Country Zip Country

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

ICARDI, JEFFREY A  
990 LEWIS DRIVE  
WINTER PARK FL 32789

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**549 WYMORE ROAD NORTH, SUITE 109**  
City **MAITLAND** FL Zip Code **32751**

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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ISOLA, ROBERT E</b> <b>557 WYNORE ROAD NORTH SUITE 101</b> <b>MAITLAND FL 32751</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>557 WYMORE ROAD NORTH</b> <b>SUITE 101</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ROBERT E. ISOLA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/01** **407-539-1118x24**  
Date Daytime Phone #

CR2E034 (10/00)