

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068918

1. Entity Name
ISOLA & ASSOCIATES, INC.

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent

ICARDI, JEFFREY A
990 LEWIS DRIVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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 _____

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, 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 D
NAME ISOLA, ROBERT E
STREET ADDRESS 557 WYNORE ROAD NORTH SUITE 101
CITY-ST-ZIP MAITLAND FL 32751

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*557 WYMORE ROAD NORTH
SUITE 101*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *ROBERT E. ISOLA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 407-539-118x24
Date Daytime Phone #

CR2E034 (10/00)