

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90226 009 ***150.00

DOCUMENT # P94000067721

1. Entity Name
ISGETTE ENTERPRISES, INC.

Principal Place of Business
12628 MISSION HILLS CIRCLE S
JACKSONVILLE FL 32225

Mailing Address
12628 MISSION HILLS CIRCLE S
JACKSONVILLE FL 32225

001042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
126 Glen Eagles Ct.
 Suite, Apt. #, etc.

3. Mailing Address
126 Glen Eagles Ct.
 Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL
Zip 32082 **Country** St. Johns

City & State
Ponte Vedra Beach, FL
Zip 32082 **Country** St. Johns

4. FEI Number 59-3272876

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ISGETTE, HAROLD C
12628 MISSION HILLS CIRCLE S
JACKSONVILLE FL 32225

After 7-1-02

7. Name and Address of New Registered Agent

Name Harold C. Isgett
Street Address (P.O. Box Number is Not Acceptable) 126 Glen Eagles Ct.
City Ponte Vedra Beach **FL** **Zip Code** 32082

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 *Harold C. Isgett* **HAROLD C. ISGETTE** **4-15-02**
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ISGETTE, PEGGY M
STREET ADDRESS 12628 MISSION HILLS CIRCLE S
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE VSTD ☐ Delete
NAME ISGETTE, HAROLD C
STREET ADDRESS 12628 MISSION HILLS CIRCLE S
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME ISGETTE, PEGGY M
STREET ADDRESS 126 GLEN EAGLES CT
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE VSTD ☒ Change ☐ Addition
NAME ISGETTE, HAROLD C
STREET ADDRESS 126 GLEN EAGLES CT
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Harold C. Isgett* **HAROLD C. ISGETTE** **4-15-02** **(904) 807-0682**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)