2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P96000031497** 1. Entity Name ISLE LANDSCAPE & MAINTENANCE, INC. 04-25-2001 90006 009 ***150.00 Principal Place of Business Mailing Address 5190 S E MEADOW SPRINGS BLVD 5190 S E MEADOW SPRINGS BLVD STUART FL 34997-6564 STUART FL 34997-6564 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0656314 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISHER, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 49 KINDRED STREET STUART FL 34994 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition PD TITLE ☐ Change TITLE ☐ Delete NAME NAME RUSNAK, STEVEN J JR STREET ADDRESS STREET ADDRESS 5190 SE MEADOW SPGS BLVD CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997-6564 ☐ Change Addition TITLE ☐ Delete TITLE RUSNAK, THERESA NAME NAME STREET ADDRESS STREET ADDRESS 5190 SE MEADOW SPGS BLVD CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997-6564 Change ___ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE □ Dalete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STEVEN J. RUSNAK PRES. 4/7/0/ (56) 220.
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