

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90140 014 ***150.00

DOCUMENT # P96000031497

1. Entity Name

ISLE LANDSCAPE & MAINTENANCE, INC.

Principal Place of Business

**5190 S E MEADOW SPRINGS BLVD
 STUART FL 34997-6564**

Mailing Address

**5190 S E MEADOW SPRINGS BLVD
 STUART FL 34997-6564**

24220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0656314

Applied For

Not Applicable

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

**FISHER, JOSEPH R
 49 KINDRED STREET
 STUART FL 34994**

Name **JEFFREY B. HAHN**

Street Address (P.O. Box Number is Not Acceptable)

1515 NORTH FEDERAL HIGHWAY

SUITE 300

City

BOCA RATON

FL

Zip Code

33432

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **RUSNAK, STEVEN J JR**
 CITY-ST-ZIP **5190 SE MEADOW SPGS BLVD
 STUART FL 34997-6564**

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

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **RUSNAK, THERESA**
 CITY-ST-ZIP **5190 SE MEADOW SPGS BLVD
 STUART FL 34997-6564**

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 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: **Steven J. Rusnak Jr.** **STEVEN J. RUSNAK JR.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-02

Date

772-220-8918

Daytime Phone #

CR2E034 (9/01)