## 2002 Uniform Business Report (UBR)

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

DOCUMENT # P9600031497  1. Entity Name ISLE LANDSCAPE & MAINTENANCE, INC.							03-25	-2002 90	140 01	[4 ***]	50.00	
Principal Place of Business Mailing Address 5190 S E MEADOW SPRINGS BLVD 5190 S E MEADOW SPRING STUART FL 34997-6564 STUART FL 34997-6564					1			<b>.</b>	. 2	42	20	
2. Principal P	Place of Business	3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE							
City & State City & State						4 FFI Number Applied For						
Zip	Country	Zip Country			GE_OCEC214						ot Applicable	7
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	Attended to the state of Automatic			Name:					· vu ng			┧⋍
FISHER	IOSEPH R			JEF								-
FISHER, JOSEPH R 49 KINDRED & REET				Street Address	(P.O. Box Number is Not Acceptable)							
STUART	F1. 34994		_	SWITE .	300	>				<u></u>		4
			<u> </u>	BOCA 1	ZATI	_لده			FL J	Zip Cod	عرب	
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered	office or registe	red age	ent, or boti	h, in the State	of Florida,	-			
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: f	Registered A	gent signature require	d when re	instating)		D/	TE		<del></del>	
Tax filing r	oration is eligible to satisfy its Intangible requirement and efects to do so. ria on back)	FILE NOW!!! After May 1, 2002 Make Check Payable	2 Fee wi	fil be \$550.00	ite		ction Campai st Fund Contr		Ö	\$5.0 Added	O May Be I to Fees	
Tax filing r	requirement and efects to do so.	After May 1, 2002 Make Check Payable	2 Fee wi	fil be \$550.00		Trus	st Fund Conti	ibution.	Ö	Added	to Fees	
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3. 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:

Rusnek STRUEN J. RUSNAK

2-28-02

772-220-89/8

Daytime Phone #