## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000031497**

1. Entity Name

ISLE LANDSCAPE & MAINTENANCE, INC.



FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90119 045 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP STUART FL 34997-6564  TITLE NAME STREET ADDRESS CITY-ST-ZIP													
Suits Apt. 8 etc.  City & State  Country  Country  Stream Address of Status Desired  8. Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Stream Address of New Registered Agent  Name  Stream Address (P.O. Sex Number is Not Acceptable)  FL Zip Code  City  FL Zip Code  The above name of ferty subtilist in statement for the purpose of country in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of Florida. I am light are with, and accept the obligations of registered agent, or both, in the State of	5190 S E MEADOW SPRINGS BLVD				5190 S E MEADOW SPRINGS BLVD				T I ELEKTRI ME TRUK BINK BANK BANK	<b>11</b> 411 <b>1411 (</b>		)()))	
City & State  Country  Scritting of State  Country  Scritting of State  Scritting of Sta	2. Principal F	Place of Busin	ess	3. Mailing Address						# 1861/881 118 (6/18 81/18 88/18 88/18)			
Zip Country Zip Scholars   Schola	Suite, Apt	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
E. Name and Address of Current Registered Agent  F. Name and Address of New Registered Agent  HAHN, JEFFERY B  1515 NORTH FEDERAL NIGHWAY STE 300  BDCA RATON FL 33432  City  City  FL  Zip Code  City  FL  Addition  City  City  FL  Zip Code  City  FL  Zip Code  City	City & Sta	te	<del></del>	City & State					<b>4.</b> F	65-0656314			-
Name   Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (	Zip ————————————————————————————————————			Ziper Country.			У		<b>~5</b> .~0	Certificate of Status Desired			
HAHN, JEFFERY B  1515 NORTH FEDERAL HIGHWAY STE 300 BCCA RATION FL 33432  8. The above named dnithy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE  PD WISHAM, STEVEN J JR SIREL ADDRESS  STREET AUGRESS  STEVEN		6. Name	and Address of Current I	Registere	ed Agent				7. N	lame and Address of New Re	gistered A	jent	
STORMATURE  STORMA			nes• .vs				Name						
BOCA RATON FL 33432    City   FL   Zip Code	and the second s						Street Address (P.O. Box Number is Not Acc						
B. The above named 6ntly subhits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE    Signature, howed or private have of registered agent and title if applicable.   (NOTE: Registered Agent agent and title if applicable.   NOTE: Agent agent agent and title if applicable.   NOTE: Agent agent agent agent agent and title if applicable.   NOTE: Agent agen	STE 300							•					
the obligations of registered agent.  Signature  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check brayable to Floridad Department of State  10.	BOCA RATON FL 33432											"	-
Suparane, pland or printed frame of registered agent and title if application   (NOTE: Registered Agent submiture required when remaining)   Note:	the obligations of registered agent.												
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  PD RUSNAK, STEVEN J JR STRETADDRESS 5190 SE MEADOW SPGS BLVD STUART FL 34997-6564  TITLE  NAME STRETADDRESS GITY-SI-ZP  TITLE NAME STREET ADDRESS CITY-SI-ZP  TITLE NAME STREET ADDRESS	SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOTE	: Registered	Agent signature	required v	when rei	instating)	DATE		·
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12. 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 10 or Block 11 if changed, or on an attachmept with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/03 Date 220-8918 Daytime Phone #