

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90103 049 ***150.00

0190549 AV

DOCUMENT # P96000100687

1. Entity Name
ISLE VENDING, INC.



Principal Place of Business
~~129 AVENUE A~~
MARATHON FL 33050

Mailing Address
~~129 AVENUE A~~
MARATHON FL 33050



2. Principal Place of Business
6179 OVERSEAS HWY.
Suite, Apt. #, etc.

3. Mailing Address
6179 OVERSEAS HWY.
Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0714708**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WHEELER, JUNE R
~~129 AVENUE A~~
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name
6179 OVERSEAS HWY

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *June R Wheeler* DATE: **3/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEELER, ROBERT D 129 AVENUE A 6179 OVERSEAS HWY MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHEELER, JUNE R 129 AVENUE A 6179 OVERSEAS HWY MARATHON FL 33050	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ISLE129 330503320 1602 12 01/09/03
NOTIFY SENDER OF NEW ADDRESS
: ISLE VENDING INC
6179 OVERSEAS HWY
MARATHON FL 33050-2724



TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---------------------------------	--	---

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 attachment with an address, with all other like empowered.

SIGNATURE: *June R Wheeler* DATE: **3/14/03** TIME/PHONE #: **3057135114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/02)