

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031985

1. Entity Name

ISAAC'S, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90113 025 ***150.00

Principal Place of Business

158 LARK AVE.
BROOKSVILLE FL 34601

Mailing Address

158 LARK AVE.
BROOKSVILLE FL 34601-1314

2. Principal Place of Business

4920 E. ARBOR ST.

Suite, Apt. #, etc.

3. Mailing Address

4920 E. ARBOR ST.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34452

Country

Zip

34452

Country

4. FEI Number

59-3441306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISAAC, BRADLEY J
158 LARK AVE.
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

Name

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

5419 E. STAGECOACH TRAIL

City

FLORAL CITY

FL

Zip Code

34436

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, 2000 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

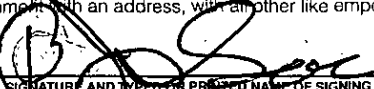
TITLE	P	<input type="checkbox"/> Delete
NAME	ISAAC, BRADLEY J	
STREET ADDRESS	158 LARK AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5419 E. STAGECOACH TRAIL	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACQUELINE ISAAC	
STREET ADDRESS	5419 E. STAGECOACH TRAIL	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADLEY J. ISAAC

3/1/00

(352) 726-5333

Date

Daytime Phone #

CR2E034 (9/99)