

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90198 021 ***150.00

DOCUMENT # P97000056657

1. Entity Name

ISOLUX AMERICA CORPORATION

Principal Place of Business

Mailing Address

**2025 J & C BOULEVARD
SUITE 7
NAPLES FL 34109**

**2025 J & C BOULEVARD
SUITE 7
NAPLES FL 34109-6204**

800030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1479 Rail Head Blvd.
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State

City & State

Naples, FL

Zip

Country

USA

Zip

Country

34110

FL

4. FEI Number

65-0764419

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

**KLOOTZ, JACK
2025 J & C BOULEVARD
SUITE 7
NAPLES FL 34109**

Name

Jack Klootz

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

1479 Rail Head Blvd.

City

Naples

FL

Zip Code

34110

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

Barbara J. Klootz
Signature, typed or printed name of registered agent and title, if applicable.

Barbara J. Klootz

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **MD**
STREET ADDRESS **KLOOTZ, JACK**
CITY-ST-ZIP **2025 J & C BOULEVARD, #7**
NAPLES FL 34109

TITLE ☒ Change ☐ Addition
NAME **Jack Klootz**
STREET ADDRESS **1479 Rail Head Blvd.**
CITY-ST-ZIP **Naples, FL 34110**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KLOOTZ, BARBARA**
CITY-ST-ZIP **2025 J & C BLVD #7**
NAPLES FL 34109

TITLE ☒ Change ☐ Addition
NAME **Barbara Klootz**
STREET ADDRESS **1479 Rail Head Blvd.**
CITY-ST-ZIP **Naples, FL 34110**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **VON ARX, DOLPH**
CITY-ST-ZIP **2025 J & C BLVD #7**
NAPLES FL 34109

TITLE ☒ Change ☐ Addition
NAME **Dolph Van Arx**
STREET ADDRESS **1479 Rail Head Blvd.**
CITY-ST-ZIP **Naples, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Barbara J. Klootz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara J. Klootz

Date

1-7-00

Daytime Phone #

941-514-7475

CR2E034 (9/99)