1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000065226

ISHE INC

J.S.U.B.,	INC		·			. •								
Principal Place	o of Busines			N.	failing Address					.	IIII ABEN OONA A	1841 BOMÉTANÌ	E HOIO EHH HOO!	
•					320 COLONIAL BLVD									
1820 COLONIAL BLVD STE 101					STE 101									
FORT MYERS FL 33907				F	FT. MYERS FL 33907					DO NOT WRITE IN THIS SPACE				
US .					US					3. Date Incorporated or Qualifed			ļ	
										07/28/1997				
2. Principal P	lace of Busi	ness		2a	. Mailing Address	_			١.	4. FEI Number			pplied For	
21				26						65-0775278			lot Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional	
22					27								Required	
City & State					City & State					6. Election Campaign Financing			May Be	
23					28					Trust Fund Contribution			to Fees	
Zip		_	Country	\perp	Zip 1	_	untry			8. This corporation owes the cur	rent year Inta	angible ⊠Yes	□No	
24		25		29	<u></u>	30	, .			Personal Property Tax.	0			
	9. Name	and	Address of Current	Regi	stered Agent		81	Name	1	0. Name and Address of New	Registered A	Agent		
CLID	LETT IAM	IEQ					"	Name						
Sublett, James 1820 Colonial BLVD								Street Ad	Address (P.O. Box Number is Not Acceptable)					
SUITE 101							83							
FORT MYERS FL 33907											•			
FORT MIERS PE 3390/							84 City				<u> </u>	85 Zip	Code	
							ļ	L	<u></u>	ion submits this statement for the	FL	i	ta registered	
office or r	enistered a	tnar	or both in the State o	of Flor	out 1508, Florida Status ida. Such change was a of, Section 607.0505, Flo	uthonze	ed by	the corpora	ation's	board of directors. I hereby acce	pt the appoir	itment as r	registered	
alole (10 NE	Signature, type	d or pri	nted name of registered agent					nt signature requ	uired whe		DATE	D DIDEOT	ODC IN 42	
12.			OFFICERS AND	<u>DIR</u>		13				ADDITIONS/CHANGES TO OF	FICERS AN	Change		
TITLE	PSTD				☐ DELETE		TITLE	1				☐ ¢ilalige	Addition	
NAME	SUBLETT, JAMES					1.21	VAME						ļ	
STREET ADDRESS 1820 COLONIAL BLVD., SUITE 1				101	1.3 \$.3 STREET ADDRESS					ł	
CITY-ST-ZIP	FORT M	YERS	FL 33907				CITY-S	T-ZIP				- Channe	C Addition	
TITLE			1		☐ DELETE		IIILE					Change	Addition	
NAME						221	NAME							
STREET ADDRESS						2.3 5	STREE	T ADDRESS						
CITY-ST-ZIP						_	СПҮ-8	ST-ZIP		 :	· · •	Change	Addition	
TITLE					☐ DELETE	3.1	TITLE	İ				☐ Change	S El Addition	
NAME						1	NAME							
STREET ADDRESS						3.3	STREE	TADDRESS					ţ	
CITY-ST-ZIP							CITY-S	T-ZIP					C 4 4 5 5	
TITLE]				☐ DELETE	4.1	TITLE					☐ Change	Addition	
NAME.						4. 2	NAME							
STREET ADDRESS						43	STREE	T ADDRESS					ļ	
CITY-ST-ZIP							CITY-S	T-ZIP		<u> </u>				
ΠΠLE					☐ DELETE		TITLE	[Change Change	e ☐ Addition	
NAME							NAME			•	• .		{	
STREET ADDRESS								TADDRESS					į	
CITY-ST-ZIP			- Lun				CITY-S	T-ZIP						
TRIF					☐ DELETE	6.1	TITLE					Change	e 🔲 Addition	

14. hereby certify that the information supplied with this filing does not goalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the redever or trustee empowered to receive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with fill other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP.

941-939-1909

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90116 030 ***150.00