

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075826

1. Entity Name
ISC & ASSOCIATES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90178 024 ***150.00

00030250



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1620 MEDICAL LANE
#221
FT. MYERS FL 33912

Mailing Address
1620 MEDICAL LANE
#221
FT. MYERS FL 33907-1150

2. Principal Place of Business
5100 S. CLEVELAND AVE
Suite, Apt. #, etc.
#318-115

3. Mailing Address
5100 S. CLEVELAND AVE
Suite, Apt. #, etc.
#318-115

City & State
FT MYERS FL

City & State
FT MYERS FLA

4. FEI Number 65-0780142

Applied For
Not Applicable

Zip 33907 Country USA

Zip 33907 Country USA

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

6. Name and Address of Current Registered Agent

ROHRET, KARIN
5290 SEMINOLE BLVD., SUITE F
ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is 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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROSMINI, MARK 1620 MEDICAL LANE #221 FT. MYERS FL 33912 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5100 S. Cleveland ave #318-115 FT MYERS FL 33907 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Mark Rosmini MARK ROSMINI 4/20/00 941-437-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21:034 (9/99)