

DOCUMENT # P97000102944

1. Entity Name
ISAACS CONSULTING CORP.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90023 032 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8977 SHOAL CREEK LANE
BOYNTON BEACH FL 33437

Mailing Address
8977 SHOAL CREEK LANE
BOYNTON BEACH FL 33437

2. Principal Place of Business

7597 Northport Drive
Suite, Apt. #, etc.

3. Mailing Address

7597 Northport Drive
Suite, Apt. #, etc.

City & State

Boynton Beach Florida

City & State

Boynton Beach, Florida

4. FEI Number 22-3599894

Applied For

Not Applicable

Zip

33437

Country

FL

Zip

33437

Country

Boynton Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISAACS, HOWARD
8977 SHOAL CREEK LANE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name Howard Isaacs

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

7597 Northport Drive

City Boynton Beach

FL

Zip Code

33437

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 Howard Isaacs

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

(NOTE: Registered Agent signature required when reinstating)

1/2/01

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, 2001 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	ISAACS, HOWARD	
STREET ADDRESS	8977 SHOAL CREEK LN	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #