

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034190

1. Entity Name

T.F. ISAACS TRUCKING, INC.

Principal Place of Business

3499 WOODRIDGE PARKWAY
PALM HARBOR FL 34683

Mailing Address

3499 WOODRIDGE PARKWAY
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3510068

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

BARBARA, ISAACS
3499 WOODRIDGE PARKWAY
PALM HARBOR FL 34684

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ISAACS, THERMAN
STREET ADDRESS 3499 WOODRIDGE PARKWAY
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

TITLE VPD
NAME ISAACS, BARBARA A
STREET ADDRESS 3499 WOODRIDGE PARKWAY
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

TITLE STD
NAME DIDONATO, HEATHER
STREET ADDRESS 1533 ALERT ST
CITY-ST-ZIP HOLIDAY FL 34690 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700004512507-0
-08/02/01--01011--021
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *T.F. Isaacs* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-01

727-937-0884

Date

Daytime Phone #

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FILED

01 JUL 24 PM 4: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

TF ISAACS TRUCKING INC

3499 WOODRIDGE PKWY
PALM HARBOR, FLA. 34684

Phone 727-937-0994
Fax 727 937-6474

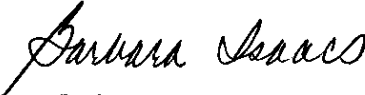
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July 13, 2001

To Whom it may concern:

Due to a serious family illness, I failed to mail the 2001 UBR by May 1, 2001. I was unaware of this oversight until I received the late notices. I would appreciate consideration for the late fees to be waived because of this family crisis.

I have enclosed filing fee of \$150.00


Barbara Isaacs