

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 518239

Amended

1. Entity Name

TIM ISMAAS Custom Home Improvement, Inc.

APPROVED
AND
FILED

00 APR 10 AM 11:43

Principal Place of Business

Mailing Address

251 Fallwood Lane
Crawfordville, FL.
32327

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

59-3043347

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Isman Timothy W.

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

251 Fallwood Ln.

City

Crawfordville

FL

Zip Code

32327

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

Timothy W. Isman

04-10-00

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 ☐ Delete
NAME PTS
Isman Timothy W.
STREET ADDRESS 251 Fallwood Ln.
CITY-ST-ZIP Crawfordville, FL. 32327 us

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 700003213817--7
-04/19/00-01009-003
*****70.00 *****70.00

TITLE ☐ Delete
NAME DV
Isman Patricia E.
STREET ADDRESS 251 Fallwood Ln.
CITY-ST-ZIP Crawfordville, FL. 32327 us

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

TITLE ☐ Delete
NAME D
Isman Esther P.
STREET ADDRESS 24 Isman Dr.
CITY-ST-ZIP Crawfordville, FL. 32327

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

TITLE ☐ Delete
NAME VP
Isman David B.
STREET ADDRESS 32 Isman Dr.
CITY-ST-ZIP Crawfordville, FL. 32327

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:

Timothy W. Isman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-00

Date

(250) 599-5948

Daytime Phone #

KE