

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90199 006 ***150.00

DOCUMENT # V21112

1. Entity Name
ISOLATION SYSTEMS, INC.



Principal Place of Business
**3104 INDUSTRIAL AVE 3
FT. PIERCE FL 34946
US**

Mailing Address
**3104 INDUSTRIAL AVE 3
FT. PIERCE FL 34946
US**

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 **65-0333077**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DEES, LINDSEY C
3261 SOUTHWEST WATEREDGE WAY
PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name **JOHN DEES**
Street Address (P.O. Box Number is Not Acceptable)
3261 S.W. WATEREDGE WAY
City **PALM CITY** FL Zip Code **34990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **JOHN DEES, PRESIDENT** **1/23/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DEES, JOHN E JR	
STREET ADDRESS	3261 S.W. WATEREDGE WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEES, MICHAEL J	
STREET ADDRESS	3261 SW WATEREDGE WAY	
CITY-ST-ZIP	PALM CITY-FL-34990	
TITLE	TS	<input type="checkbox"/> Delete
NAME	DEES, STEPHEN J	
STREET ADDRESS	3261 SW WATER EDGE WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/23/03** Daytime Phone #

CR2E034 (10/02)