

2001. UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90001 041 ***158.75

DOCUMENT # P96000005834

1. Entity Name
IRON BELLY ANTIQUES & COLLECTIBLES INC.

Principal Place of Business 2597 DONALD RD - 38-B 14th ST WEST PALM BEACH FL 33406 BUCKHEAD RIDGE OKeechobee Fl. 34974	Mailing Address 2597 DONALD RD - 670 Hwy 78-B WEST PALM BEACH FL 33406 OKeechobee Fl. 34974
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 38-B 14th ST.	3. Mailing Address 670 Hwy 78-B
Suite, Apt. #, etc. BUCKHEAD RIDGE	Suite, Apt. #, etc. LOT-106

City & State OKEECHOBEE Fla.	City & State OKEECHOBEE Fla.
Zip 34974	Country
Zip 34974	Country

4. FEI Number 65-0640119	Applied For <input type="checkbox"/> Not Applicable.
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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

SCHREIBER, CHARLES
4310 10TH AVE N
LAKE WORTH FL 33461

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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 PS	<input type="checkbox"/> Delete
NAME NICHOLAS, DIANE M	
STREET ADDRESS 2597 DONALD RD - 670 Hwy 78-B	
CITY-ST-ZIP WEST PALM BEACH FL OKEECHOBEE FL 34974	
TITLE VP	<input type="checkbox"/> Delete
NAME NICHOLAS, JEFFREY H	
STREET ADDRESS 2597 DONALD RD 670 Hwy 78-B	
CITY-ST-ZIP WEST PALM BEACH FL OKEECHOBEE FL 34974	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Diane M. Nicholas* **DIANE M. NICHOLAS** 4-23-01 **561-310-0873**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)