

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90255 041 \*\*\*150.00

DOCUMENT # P96000005834

1. Entity Name
IRON BELLY ANTIQUES & COLLECTIBLES INC.

Principal Place of Business
Mailing Address
30-B 14TH ST
BUCKHEAD RIDGE
OKEECHOBEE FL 34974
670 HWY 78-B
107100
OKEECHOBEE FL 34974

B0089742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address
238-A US HWY 441 S.E
Suite, Apt. #, etc.
LOT 106

City & State
City & State
4. FEI Number
Applied For
Not Applicable
OKEECHOBEE FL.
65-0640119

5. Certificate of Status Desired
Additional Fee Required
\$8.75
Zip
Country
34974
OKEECHOBEE

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
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.
10. Election Campaign Financing Trust Fund Contribution.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
\$5.00 May Be Added to Fees

Table with 2 main columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include officer details like PS NICHOLAS, DIANE M and VP NICHOLAS, JEFFREY H.

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 4/23/02 561-688-4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

0865344 SP
CR2E034 (9/01)