

2001 UNIFORM BUSINESS REPORT (UBR)

4/5/

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-05-2001 90050 009 ***158.75

DOCUMENT # 576330

1. Entity Name

FLORIDA IRON WORKS, INC.

Principal Place of Business

560 WADE STREET
WINTER SPRINGS FL 32708

Mailing Address

560 WADE STREET
WINTER SPRINGS FL 32708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1833029

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, C B
560 WADE ST
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name ROBERTO F. LOURENCO


Street Address (P.O. Box Number is Not Acceptable)
690 Mc GUINN ROSS

City OVIEDO

FL

Zip Code 32765

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

4/01/01

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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CLARK, CLINTON B III	
STREET ADDRESS	560 WADE ST	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	CB CLARK	
STREET ADDRESS	560 WADE ST	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLARK, ANITA E	
STREET ADDRESS	560 WADE ST	
CITY-ST-ZIP	WINTER SPRINGS FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY L. LOURENCO	
STREET ADDRESS	690 Mc GUINN ROSS	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	VICE PRESIDENT VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTO F. LOURENCO	
STREET ADDRESS	690 Mc GUINN ROSS	
CITY-ST-ZIP	OVIEDO FLORIDA 32765	
TITLE	VICE-PRESIDENT - COO NP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L. FRANK SOBOLOWSKI	
STREET ADDRESS	226 VINEWOOD DR/D	
CITY-ST-ZIP	SANFORD FLORIDA 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-01 403-327-0200

Date

Daytime Phone

CR2E034 (10/00)