

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90056 038 ***550.00

DOCUMENT # 576330

1. Entity Name **FLORIDA IRON WORKS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
560 Wade Street

Suite, Apt. #, etc.

3. Mailing Address
560 Wade Street

Suite, Apt. #, etc.

City & State
Winter Springs, Florida

Zip
32708

Country
USA

City & State
Winter Springs, Florida

Zip
32708

Country
USA

4. FEI Number
59-1833029

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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870112

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LOVRECICH, ROBERTO F.

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

690 MCGLENN 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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **DPS**
NAME
STREET ADDRESS
CITY- ST- ZIP
**MARY L. LOVRECICH
690 McGlenn Ross
Oviedo, Florida 32765**

TITLE **DVPT**
NAME
STREET ADDRESS
CITY- ST- ZIP
**ROBERTO F. LOVRECICH
690 McGlenn Ross
Oviedo, Florida 32765**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary L. Lovrecich
SIGNATURE AND TYPED NAME OF REGISTERED AGENT, PRESIDENT

5/31/02
Date

407327-0200
Daytime Phone #

CR2E034B (12/01)

**LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.**

Attorneys at Law

215 NORTH EOLA DRIVE
ORLANDO, FLORIDA 32801

*Attachment
Document # 576330*
450 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO, FLORIDA 32801

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GAIL S. ANDRÉ
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Direct Dial: (407) 418-6203
E-mail: gail.andre@lowndes-law.com

87012

June 13, 2002

CERTIFIED MAIL 7001 2510 0007 1365 6574
RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2002 Uniform Business Report

Dear Madam or Sir:

Enclosed is the 2002 Uniform Business Report for the corporation listed below, together with our client's check in the amount of \$550.00 payable to the Department of State representing the filing fee:

FLORIDA IRON WORKS, INC.

Please file the report immediately upon receipt. Thank you for your assistance in this matter.

Very truly yours,

Gail S. André

Gail S. André
Legal Assistant to
Matthew G. Brenner

GSA

Enclosures

046138/90177/352995