

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002765

1. Entity Name

IRONMASTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 AM 10:16

Principal Place of Business

6 LIONSPAW VII NOBLES
DAYTONA BEACH FL 32124

Mailing Address

6 LIONSPAW VII NOBLES
DAYTONA BEACH FL 32124-1085

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

59-3546699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PALMETTO CHARTER SERVICES, INC.

150 MAGNOLIA AVENUE

DAYTONA BEACH FL 32114

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. *S. A. G. led*

DATE

9. Capital Contributions
as Shown on record.

\$2,717,195.42
~~\$2,017,195.42~~

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L98000003196
NAME VII NOBLES PROPERTIES, L.L.C.
STREET ADDRESS 6 LIONSPAW VII NOBLES
CITY - ST - ZIP DAYTONA BEACH FL 32124

DOCUMENT #
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CITY - ST - ZIP

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13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

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-02/04/00--01043--015
*****526.25 *****526.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

S. A. G. led
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #