

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91518 047 \*\*\*150.00

**DOCUMENT # F01000004718**

1. Entity Name  
**IRIE HOLDINGS CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1407 ROUTE 9**

Suite, Apt. #, etc.

3. Mailing Address

**1407 ROUTE 9**

Suite, Apt. #, etc.

City & State

**CLIFTON PARK, NY**

City & State

**CLIFTON PARK, NY**

Zip

**12065**

Country

**USA**

Zip

**12065**

Country

**USA**

4. FEI Number

**14-1800475**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
**BREAZEALE, HOPKINS P. III**

Street Address (P.O. Box Number is Not Acceptable)  
**5053 OCEAN BOULEVARD**

City  
**SARASOTA**

**FL**

Zip Code  
**34247**

**DO NOT WRITE  
IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
<b>PRESIDENT</b> <b>PAUL E. DION</b> <b>14 MONTGOMERY WAY</b> <b>CLIFTON PARK, NY 12065</b>	

**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/19/02**

**518-371-4209**

**MEYERS & MEYERS**

ATTORNEYS AT LAW

1734 WESTERN AVENUE  
ALBANY, NEW YORK 12203  
(518) 464-9075  
FAX (518) 464-9078

DIAMOND POINT ROAD  
P. O. BOX 567  
WARRENSBURG, NEW YORK 12885  
(518) 623-2860

RICHARD M. MEYERS  
DAVID W. MEYERS\*

\*ALSO ADMITTED IN  
CONNECTICUT  
FLORIDA

PLEASE REPLY TO:

☒ ALBANY

☐ WARRENSBURG

April 3, 2002

Uniform Business Report  
Florida Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: **Irie Holdings Corp.**  
**For Profit Corporation, Uniform Business Report**

Ladies and Gentlemen:

I am contacting you regarding the above-captioned matter and further to my client's desire to file the enclosed *"For Profit Corporation, Uniform Business Report"* pursuant to Florida Statutes. I am also enclosing your filing fee payable the "Florida Department of State" in the amount of \$150.00 to cover your fees for the same.

I would appreciate any and all assistance in your processing these forms, as well as your timely confirmation that this has been done.

If I can answer any questions, please contact me at your convenience.

Very truly yours,

  
David W. Meyers

DWM/I

Enclosure

cc: Paul Dion (w/o enclosure)