

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90102 034 \*\*\*150.00

**DOCUMENT # F02000003789**

1. Entity Name  
**HIRONS ASSOCIATES, INC.**



Principal Place of Business  
**7610 VROOMSEGE COURT  
BRADENTON FL 34202**

Mailing Address  
**7610 VROOMSEGE COURT  
BRADENTON FL 34202**

**90029166**



2. Principal Place of Business

**4124 20th STREET WEST**

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BRADENTON FL**

City & State

4. FEI Number **43-1937573**

Applied For  
Not Applicable

Zip **34205** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

**HORSWOOD, STEVE  
7610 VROOMSEGE COURT  
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name **ARTHUR S. HIRONS**  
Street Address (P.O. Box Number is Not Acceptable)  
**7048 HAWKS NABOR CIRCLE**  
City **BRADENTON** FL Zip Code **34207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Arthur S. Hirons - President (Arthur S. Hirons - President)**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**2/12/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CP** ☐ Delete  
NAME **HIRONS, STEVE**  
STREET ADDRESS **1208 RED ORCHARD CT.**  
CITY-ST-ZIP **OFALLON MO 63366**

TITLE **S** ☐ Delete  
NAME **HIRONS, SHIRLEY**  
STREET ADDRESS **1208 RED ORCHARD CT.**  
CITY-ST-ZIP **OFALLON MO 63366**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Arthur S. Hirons - President (Arthur S. Hirons)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-03 314-308-0264**  
Date Daytime Phone #

CR2E034 (10/02)