

2001 UNIFORM BUSINESS REPORT (UBR).**DOCUMENT # F97000005476**1. Entity Name,
BBG IRONWORKS INC.**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90062 006 ***150.00

Principal Place of Business

Mailing Address

PO BOX 301
COLD SPRINGS NY 10516**PO BOX 301**
COLD SPRINGS NY 10516

2. Principal Place of Business

3. Mailing Address

10923 130th AVE. No.
Suite, Apt. #, etc.**10923 130th Ave.No.**
Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33778Country - **U.S.****Pinellas Co.**

Zip

33778Country **U.S.****Pinellas Co.**

6. Name and Address of Current Registered Agent

BAXTER, WILLIAM B
10923 130TH AVE NO.
LARGO FL 33778

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 William B Baxter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 21, 2001

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAXTER, WILLIAM B	
STREET ADDRESS	12 SECOR ST	
CITY-ST-ZIP	COLD SPRINGS NY	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BAXTER, LOUISE M	
STREET ADDRESS	12 SECOR ST	
CITY-ST-ZIP	COLD SPRINGS NY	
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	P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baxter, William B.	
STREET ADDRESS	10923 130th Ave. No.	
CITY-ST-ZIP	Largo, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: William B Baxter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORMarch 21, 2001 727-584-9448
Date Daytime Phone #

CR2E034 (10/00)