

**2000 UNIFORM BUSINESS REPORT (UBR)**

712

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90023 039 \*\*\*150.00  
 09-07-2000 90058 013 \*\*\*400.00

**DOCUMENT # F98000003453**

1. Entity Name  
**FOREST IRONS & ASSOCIATES, INC.**

Principal Place of Business: 2249 SOUTHPOINT LANE, NEW LONDON NC 28127  
 Mailing Address: 2249 SOUTHPOINT LANE, NEW LONDON NC 28127

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country: Zip: Country:

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** Zip Code: \_\_\_\_\_



DO NOT WRITE IN THIS SPACE

4. FEI Number: **56-1625016** Applied For:  Not Applicable:

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

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11)	
TITLE NAME PC IRONS, FOREST R STREET ADDRESS 2249 SOUTHPOINT LANE CITY-ST-ZIP NEW LONDON NC 28127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S PETERSON, GWYNN STREET ADDRESS 2249 SOUTHPOINT LANE CITY-ST-ZIP NEW LONDON NC 28127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED **7/17/00** **336-44-5242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)