

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

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90144 045 ***550.00

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1. Entity Name
FOREST IRONS & ASSOCIATES, INC.



Principal Place of Business
**119 8TH AVENUE
NEW LONDON NC 28127**

Mailing Address
**PO BOX 39
NEW LONDON NC 28127**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

2716 Westchester Drive

2716 Westchester Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#202

#202

City & State

City & State

High Point, NC

High Point, NC

Zip

Country

Zip

Country

27262 USA

27262 USA

4. FEI Number

56-1625016

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PC IRONS, FOREST R**
STREET ADDRESS **276 MILLINGPORT LANE**
CITY-ST-ZIP **NEW LONDON NC 28127**

TITLE Change Addition
NAME **513 Milton Avenue**
STREET ADDRESS **Casper WY 82601**
CITY-ST-ZIP

TITLE Delete
NAME **S PETERSON, GWYNN**
STREET ADDRESS **276 MILLINGPORT LANE**
CITY-ST-ZIP **NEW LONDON NC 28127**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED** **Forest Irons, President** **5603** **336-841-0038**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)