

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G67703

1. Entity Name

IRON HORSE ENGINEERING CO., INC.

Principal Place of Business

303 4TH STREET
PO BOX 39
PORT ST. JOE FL 32456

Mailing Address

303 4TH STREET
PO BOX 39
PORT ST. JOE FL 32456

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2351928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RISH, WILLIAM J.
303 4TH STREET
PORT ST. JOE FL 33456

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MOORHEAD, WILLIAM HENRY
4724 SCHOONER BLVD
SUFFOLK VA 23435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MOORHEAD, ALICE G.
3320 COUNTY ROAD 386
PT ST JOE FL 32456 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORHEAD, WILLIAM H., III
486 TORRINA RD
LITCHFIELD CT 06759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILBURN, ANNE M
P O BOX 5024 NA
SUFFOLK VA 23435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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: *A. G. Moorhead* A.G. MOORHEAD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-01
Date

850-647-5244
Daytime Phone #

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90027 049 ***150.00

00052332



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)