

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47038

1. Entity Name

COLDIRON MANAGEMENT INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90122 009 ***150.00

Principal Place of Business 7181 COLLEGE PARKWAY SUITE 42 FT. MYERS FL 33907 US	Mailing Address 7181 COLLEGE PARKWAY SUITE 42 FORT MYERS FL 33907-5641 US
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2. Principal Place of Business 3670 Sunland Lane Suite, Apt. #, etc.	3. Mailing Address 3670 Sunland Lane Suite, Apt. #, etc.
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City & State Estero, FL	City & State Estero, FL
Zip 33928	Zip 33928
Country	Country

4. FEI Number 59-2745933	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VAIL, RODD 7171 COLLEGE PKWY SUITE 42 FORT MYERS FL 33907	7. Name and Address of New Registered Agent Name Vail, Rodd Street Address (P.O. Box Number is Not Acceptable) 3670 Sunland Lane City Estero FL Zip Code 33928
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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 X [Signature] (NOTE: Registered Agent signature required when reinstating) DATE X 4/25/00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLDIRON, NANCY 2875 PALM BCH BLVD, 506 FT MYERS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLDIRON, JAMES 2875 PALM BCH BLVD, 506 FT MYERS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODD, VAIL 3670 SUNLAND LN ESTERO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAIL, TODD 1627-10 RED CEDAR DR FT MYERS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE X 4/25/00 (941) 277-1171 Daytime Phone #

CR2E034 (9/99)