

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90004 015 ****50.00

DOCUMENT # L02000019366

1. Entity Name

IRON-E PROPERTIES, LLC



Principal Place of Business

1309 ST. JOHNS BLUFF ROAD, NORTH, STE. 2
JACKSONVILLE FL 32225

Mailing Address

1309 ST. JOHNS BLUFF ROAD, NORTH, STE. 2
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

1309 St Johns Bluff Rd, N

1309 St. Johns Bluff Rd, N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

Suite 6

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32225

USA

32225

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

54-2065313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRUTT, JOSHUA

1309 ST. JOHNS BLUFF ROAD, NORTH, STE. 2
JACKSONVILLE FL 32225

Name

Chad Shultz

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

1309 St. Johns Bluff Rd, N

Suite 6

City

Jacksonville

FL

Zip Code

32225

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Chad Shultz

Chad Shultz

2/14/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *President* ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *President* ☐ Change ☒ Addition
NAME *Joshua Schrutt*
STREET ADDRESS *1309 St. Johns Bluff Rd, N, ste 6.*
CITY-ST-ZIP *Jacksonville, FL 32225*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-14-03

904-821-0605

CR2E083 (10/02)