FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P0000003161 1. Entity Name 10 IRON, INC. 04-06-2001 90012 035 ***150.00 Principal Place of Business Mailing Address 617 STETSON STREET 617 STETSON STREET ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address P.O. Box 540477 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-361948 Orlando Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired u.s Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael TRULLY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) **617 STETSON STREET** ORLANDO FL 32804 Stetson City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back). OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President/CEO CR2E034 (10/00) Change □ Delete TITLE TITLE Michael Tully NAME NAME 617 Stetson St. STREET ADDRESS STREET ADDRESS Orlando, FL CITY-ST-ZIP CITY-ST-7/P 32804 Chief Operating Officer ☐ Change TITLE ☐ Delete TITI F Ron Greisch 331 E. Whitefish Rd. NAME NAME STREET ADDRESS STREET ADDRESS Port Washington, WI 53074 CITY-ST-7IP CITY-ST-ZIP Chief Financial Officer ☐ Change **Addition** TITLE .. 🔲 Delete TITLE Gary Hardie 2715 W. Bay Ave. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u> 11 م</u> 33 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Tully-President

SIGNATURE: