

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90132 038 ***158.75

DOCUMENT # P00000017182

1. Entity Name
IRON POWER, INC.

Principal Place of Business

5344 NE 6TH AVENUE
FT. LAUDERDALE FL 33334

Mailing Address

5344 NE 6TH AVENUE
10H
FT. LAUDERDALE FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5344 N.E 6 AVE APT 10-H

Suite, Apt. #, etc.

FT LAUDERDALE FL 33334

City & State

3. Mailing Address

5344 N.E 6 AVE APT 10-H

Suite, Apt. #, etc.

FT LAUDERDALE FL 33334

City & State

4. FEI Number **65-0979700**

Applied For
 Not Applicable

Zip
33334

Country
BROWARD

Zip
33334

Country
Broward

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAMOTT, DOROTHY L
5344 NE 6TH AVENUE
FT. LAUDERDALE FL 33334

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, 2002 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 **D** ☐ Delete
NAME **LAMOTT, DOROTHY L**
STREET ADDRESS **5344 NE 6TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE **D** ☐ Delete
NAME **BELMONTE, SANDRA**
STREET ADDRESS **5344 NE 6TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)