

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060821

1. Entity Name
IRON HORSE TREE WORKS, INC.

Principal Place of Business

7600 RIDGE RD #207-C
SEMINOLE FL 33772

Mailing Address

7600 RIDGE RD #207-C
SEMINOLE FL 33772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3651845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PILLION, TODD E
7600 RIDGE RD #207-C
SEMINOLE FL 33772

Name

PILLION, TODD E. (THIS IS JUST AN
ADDRESS CHANGE)

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

11758 78TH TERRACE N.

City

SEMINOLE, FLORIDA

FL

Zip Code

33772

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

Todd E. Pillion TODD E. PILLION

3-28-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
PILLION, TODD E
7600 RIDGE RD #207-C
SEMINOLE FL 33772 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
PILLION, TODD E
11758 78TH TERRACE N.
SEMINOLE, FLORIDA 33772 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Todd E. Pillion TODD E. PILLION

3-28-01

727-641-8838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)