

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 24, 2001 8:00 am
Secretary of State

04-26-2001 90271 026 ***158.75

DOCUMENT # P00000103249

1. Entity Name

IRONMAN SUPPLY INC.

Principal Place of Business

P O BOX 1190
 FERNANDINA BEACH FL 32035

Mailing Address

P O BOX 1190
 FERNANDINA BEACH FL 32035

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

59-3682085

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

**PETERS, ROBERT-L
 311 CENTRE ST, SUITE 204
 FERNANDINA BEACH FL 32034**

Name

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

City

State

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 if applicable.

(NOTE: Registered Agent signature required when transferring)

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

TITLE	PD	☐ Delete
NAME	SWINSON, TOM	
STREET ADDRESS	P O BOX 1190	
CITY-STATE-ZIP	FERNANDINA BEACH FL 32035	
TITLE	SD	☐ Delete
NAME	BLANKENSTEIN, ROY	
STREET ADDRESS	P O BOX 1190	
CITY-STATE-ZIP	FERNANDINA BEACH FL 32035	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

ROY BLANKENSTEIN

APRIL 21, 2001 (904) 261-6174

Date

Daytime Phone #

CR2E034 (10/00)