

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**  
 02-27-2002 90095 039 \*\*\*150.00

**DOCUMENT # P01000008339**

**1. Entity Name**  
**IRONWALL CORPORATION**

**Principal Place of Business**

**1516 TRASK STREET**  
**TAMPA FL 33629**

**249 E. CENTRAL AVE**  
**WEBSTER FL 33597**

**Mailing Address**

**1516 TRASK STREET**  
**TAMPA FL 33629**

**PO BOX 25671**  
**TAMPA FL 33622**

**2. Principal Place of Business**

**249 E. CENTRAL AVE**

**Suite, Apt. #, etc.**  
**WEBSTER FL.**

**City & State**

**3. Mailing Address**

**PO BOX 25671**

**Suite, Apt. #, etc.**  
**TAMPA FL.**

**City & State**



DO NOT WRITE IN THIS SPACE

**Zip**  
**33597**

**Country**  
**UNITED STATES**

**Zip**  
**33622**

**Country**  
**HILLSBOROUGH**

**4. FEI Number**  
**59-3694200**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**LABARBERA, MICHAEL D**  
**1907 W KENNEDY BLVD**  
**TAMPA FL 33606**

**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**

<b>TITLE</b>	<b>DPS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SOMERS, DAVID</b>	
<b>STREET ADDRESS</b>	<b>POST OFFICE BOX 25671</b>	
<b>CITY-ST-ZIP</b>	<b>TAMP FL 33622-5671</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-19.07(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**

**2-11-02 289-1752**

**Date**

**Daytime Phone #**

CR2034 (9/01)