2001 UNIFORM BUSINESS REPORT (UBR) P93000082236 DOCUMENT # 1. Entity Name 06-20-2001 90010 033 ***150.00 REDIRON Fabrication Inc

FILED Jun 20, 2001 8:00 am Secretary of State

STREET ADDRESS CITY-ST-ZIP Port St. Lucid F 34952 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		(4)	<i>y</i>			
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Part St. Luck Part St. Luck Sp. C-4166637 New Applicable	2. Principal Piace of Business 161858-1169 6peen DR Z292 59 Rock SPRINGS Suite, Apt. #, etc. 3. Mailing Address Z292 59 Rock SPRINGS Suite, Apt. #, etc.					
S. Name and Address of Current Registered Agent Anthony R. TARTER Anthony R. TARTER 2292 SE ROCKSPINGS DR Port St. Lucil E 3 4952 City FL Zie Code 8. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to savely its impangible Tark filting requirement and elects to do so. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE STREET ADDRESS OFFI-SI-ZIP 11. OFFICERS AND DIRECTORS IN THE STREET ADDRESS OFFI-SI-ZIP 11. OFFICERS AND DIRECTORS IN THE MAKE STREET ADDRESS OFFI-SI-ZIP 11. OBelde INTER 11. Or Delde INTER 12. Or Delde INTER 13. Or Delde INTER 14. Or Delde INTER 15. Or Delde INTER 16. Or Delde INTER 17. Name and Address of New						
Anthony R. TARTER 2292 SE ROCKSPINGS DR Port St. Lucil El 34952 City FL Zip Code	34957 St. LUCIE F1			Fee Required		
Street Address (PO. Box Number is Not Acceptable) Port St. Lucit Fl 3 49 5 7 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 states have a signature appear and that it explicable 9. This corporation is elligible to satisfy its Intrangible	Acthory R. TARTER Name					
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 Suprave, kyrold or private name of registered agent and title ill explication. (NOTE: Registered Agent signature required when ignoratoring) DATE	2292 SE ROCK SPRINGS DR Street Address (1		P.O. Box Number is Not Acceptable)			
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	Port St. Lucie Fl 34952					
SIGNATURE 9. This corporation is eligible to satisfy its Intanglole Lax filling requirement and elects to do so. (See criteria on back) 9. This corporation is eligible to satisfy its Intanglole Lax filling requirement and elects to do so. (See criteria on back) 9. This corporation is eligible to satisfy its Intanglole Lax filling requirement and elects to do so. (See criteria on back) 9. Make Check Payable to Department of State 11. 11. 11. 11. 11. 11. 11. 1	·	City		FL Zip Code	9	
9. This corporation is eligible to satisfy its Intangible Title NOW!! FEE IS \$150.00	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.					
Jax, filing requirement and elects to do so Sec ordieria on back						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRES	Tax filling requirement and elects to do soAfter MAY_1, 2001 Fee will be \$550.00After MAY_1, 2001 Fee will be \$550.00Added to Fees					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	11. OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Anthony R. TARTER STREET ADDRESS 2292 SE ROCKS PRINGS Dr	NAME STREET ADDRESS		☐ Change	Addition	
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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: