

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

06-20-2001 90010 033 \*\*\*150.00

DOCUMENT # P93000082236

1. Entity Name

RED IRON FABRICATION INC

Principal Place of Business

1618 SE Village Green Dr  
 # 4 & 5  
 Port St. Lucie FL 34952

Mailing Address

2292 SE ROCKSPRINGS DR  
 Port St. Lucie FL  
 34952

2. Principal Place of Business

1618 SE Village Green Dr  
 Suite, Apt. #, etc.  
 # 4 & 5

3. Mailing Address

2292 SE ROCKSPRINGS DR

DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie

City & State

Port St. Lucie

4. FEI Number

65-0466637

Applied For

Not Applicable

Zip

34952

Country

ST. LUCIE

Zip

FL

Country

ST. LUCIE

5. Certificate of Status Desired

☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

Anthony R. TARTER  
 2292 SE ROCKSPRINGS DR  
 Port St. Lucie FL 34952

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)

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**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.

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**\$5.00**

May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT  
 NAME: Anthony R. TARTER  
 STREET ADDRESS: 2292 SE ROCKSPRINGS DR  
 CITY-ST-ZIP: Port St. Lucie FL 34952

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ 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:

Anthony R. Tarter Pres

6-11-01

561-871-1908

CR2E034 (11/00)