

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90117 009 ***150.00

DOCUMENT # P94000060283

1. Entity Name

IRT-ARCON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

281 NE 32nd St.

3. Mailing Address

281 NE 32nd St.

Suite, Apt. #, etc.

Attn: Donna K. Aven

Suite, Apt. #, etc.

Attn: Donna K. Aven

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0511105

Applied For

Not Applicable

Zip

33334

Country

Zip

33334

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Bobby W. Tedder

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

281 NE 32nd St.

City

Ft. Lauderdale

FL

Zip Code

33334

**DO NOT WRITE
IN THIS SPACE**

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

Bobby W. Tedder

Bobby W. Tedder

4/2/02

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)**

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

DPCEO

NAME

Bobby W. Tedder

STREET ADDRESS

101 E. McNab Road, #226

CITY-ST-ZIP

Pompano Beach, FL 33060-9279

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DST

NAME

Donna K. Aven

STREET ADDRESS

6188-A Pine Tree Lane

CITY-ST-ZIP

Tamarac, FL 33319-6262

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

Larry W. Waldron

STREET ADDRESS

281 NE 32nd St.

CITY-ST-ZIP

Ft. Lauderdale, FL 33334

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna K. Aven

Donna K. Aven, Secretary 4/2/02

954-630-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)