

FOR PROFIT CORPORATION AMENDED 2002
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060283

1. Entity Name

IRT-ARCON, INC.

FILED

02 JUL 16 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
281 NE 32nd Street

3. Mailing Address
281 NE 32nd Street

Suite, Apt. #, etc.
Attn: Bobby W. Tedder

Suite, Apt. #, etc.
Attn: Bobby W. Tedder

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

2002 AMENDED

Zip
33334

Country
US

Zip
33334

Country
US

4. FEI Number
65-0511105

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Bobby W. Tedder

Street Address (P.O. Box Number is Not Acceptable)
281 NE 32nd Street

City Fort Lauderdale FL Zip Code 33334

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)

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 DPST
NAME Bobby W. Tedder
STREET ADDRESS 281 NE 32nd Street
CITY-ST-ZIP Fort Lauderdale, FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000007084460--0
-08/14/02--01003--024
*****61.25 *****61.25

TITLE VP
NAME Michael Page
STREET ADDRESS 13241 Mt. Olive Lane
CITY-ST-ZIP Amelia, VA 23002

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bobby W. Tedder

Bobby W. Tedder, President 6/24/02 954-630-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)