

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039309

1. Entity Name
IRONS AND ASSOCIATES, INC.

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90020 006 ***150.00

Principal Place of Business
~~MENDOZA-CALLAS & SCHILLING~~
~~251 ROYAL PALM WAY 6TH FLOOR~~
~~PALM BEACH FL 33480~~
US

Mailing Address
~~MENDOZA-CALLAS & SCHILLING~~
~~251 ROYAL PALM WAY 6TH FLOOR~~
~~PALM BEACH FL 33480~~
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Mendoza and Callas
Suite, Apt. #, etc.
251 Royal Palm Way, #602
City & State
Palm Beach, FL
Zip
33480
Country
USA

3. Mailing Address
Mendoza and Callas
Suite, Apt. #, etc.
251 Royal Palm Way, #602
City & State
Palm Beach, FL
Zip
33480
Country
USA

4. FEI Number 65-0581175
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DE MENDOZA, MARIO G III
251 ROYAL PALM WAY
SIXTH FLOOR
PALM BEACH FL 33480

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MENDOZA, MARIO G III		NAME		
STREET ADDRESS	251 ROYAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRONS, G. CHESTER		NAME		
STREET ADDRESS	251 ROYAL PALM WAY SUITE 602		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, DEBRA		NAME		
STREET ADDRESS	251 ROYAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROEGER, BARBARA		NAME		
STREET ADDRESS	251 ROYAL PALM WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *G. Chester Irons* G. Chester Irons, Pres. X April 1, 2001 (561) 231-8092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)