

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90106 014 ***150.00

DOCUMENT # P95000039309

1. Entity Name
IRONS AND ASSOCIATES, INC.



Principal Place of Business
MENDOZA AND GALLAS
12765 FOREST HILL BOULEVARD, SUITE 1302
WELLINGTON FL 33414
US

Mailing Address
MENDOZA AND GALLAS
12765 FOREST HILL BOULEVARD, SUITE 1302
WELLINGTON FL 33414
US



2. Principal Place of Business
12765 Forest Hill Boulevard

3. Mailing Address
12765 Forest Hill Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1302

Suite 1302

City & State
Wellington, Florida

City & State
Wellington, Florida

Zip 33414

Country US

Zip 33414

Country US

☐ CHECK HERE IF MAKING CHANGES

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
Mario G. de Mendoza, III, P.A.
Street Address (P.O. Box Number is Not Acceptable)
12765 Forest Hill Boulevard, Suite 1302
City Wellington FL Zip Code 33414

8. The above named entity promises this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mario G. de Mendoza, III, President 01/15/03

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> Delete
NAME	DE MENDOZA, MARIO G III	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	IRONS, G. CHESTER	
STREET ADDRESS	251 ROYAL PALM WAY SUITE 602	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KROEGER, BARBARA	
STREET ADDRESS	251 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	de Mendoza, Mario G III	
STREET ADDRESS	12765 Forest Hill Boulevard, Suite 1302	
CITY-ST-ZIP	Wellington, Florida 33414	
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRONS, G. CHESTER	
STREET ADDRESS	12765 Forest Hill Boulevard, Suite 1302	
CITY-ST-ZIP	Wellington, Florida 33414	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kroeger, Barbara	
STREET ADDRESS	12765 Forest Hill Boulevard, Suite 1302	
CITY-ST-ZIP	Wellington, Florida 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.4.03

(561) 784-2930

Date

Daytime Phone #

CR2E034 (10/02)