

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90051 019 ***150.00

DOCUMENT # P96000020859
 1. Entity Name
THE IRWIN COMPANIES, INC.

Principal Place of Business Mailing Address
9250 BAYMEADOWS RD **9250 BAYMEADOWS RD**
#350 **#350**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **1571 Palm Bay Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Melbourne, FL

Zip Country Zip Country
32905 **USA**

4. FEI Number **59-3370496** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SIMONIC, NICHOLAS
8750 PERIMETER PARK BLVD
JACKSONVILLE FL 32216-6347

7. Name and Address of New Registered Agent
 Name **Sandy Loveless**
 Street Address (P.O. Box Number is Not Acceptable)
1571 Palm Bay Rd
 City **Melbourne** **FL** Zip Code **32905**

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 *Sandra L. Lovell* **Secretary/Treasurer** **4-29-02**
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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, MAROLYN 9250 BAYMEADOWS RD #350 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRWIN, SCOTT 9250 BAYMEADOWS RD., STE. 350 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, CLARICE 9250 BAYMEADOWS RD., STE. 350 JACKSONVILLE FL 32202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, ROGER 9250 BAYMEADOWS RD STE 350 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRWIN, SCOT 9250 BAYMEADOWS RD, STE. 350 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKBURN, M. KATHRYN 9250 BAYMEADOWS RD, STE. 350 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, DENISE 1571 PALM BAY RD MELBOURNE, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOVELESS, SANDRA 1571 PALM BAY RD MELBOURNE, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sandra L. Lovell* **SIGNATURE REQUIRED** **4-29-02** **321-722-9600**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE