2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000019086 1. Entity Name FILED Iron Clad Services, Inc. WOO -20475 00 SFP -8 AN II: 1.7 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE FLORIDA 2. Principal Place of Business 3. Mailing Address tG18 MoKeeno 5320 Little Koo 700 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied-For City & State Not Applicable Nom Roct Country \$8.75 Additional 5. Certificate of Status Desired USB USP Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ddress (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. tesichent Secr Treas Change ☐ Delete TITLE TITLE Mia Stiernein NAME NAME 200003407332 4918 WOKAND COOLY STREET ADDRESS STREET ADDRESS -09/28/00--01012--017 CITY-ST-ZIP New Bort Richey, FL 34654 CITY-ST-ZIP ****450.00 vice President TITLE TITLE ☐ Delete NAME NAME GUTTONIA BAPACISTAIN STREET ADDRESS STREET ADDRESS FRIS WOKENO COOLL CITY ST-7IP CITY-ST-ZIP New Port Ridmy, ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition | TITLE NAMĘ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 official effector 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

SIGNATURE: .

address, with all other like empower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 9, 2000

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

IRON CLAD SERVICES, INC.

5320 Little Road #118______

New Port Richey, FL 34655

After a telephone discussion with a representative from your division, I was advised to submit the enclosed 2000 Annual Report/Uniform Business Report and this letter stating I have never received these forms beginning the year of 1998. In addition to the form and this letter, I must also include a check in the amount of \$450.00.

The \$450.00 is payment for 1998, 1999, and 2000 Corporate Annual Report/Uniform Business Report filing, since Iron Clad Services, Inc. never received these forms. Please make note of the change of address and know that Iron Clad Services, Inc. will look for these forms in the future.

If you are in need of additional information please call me on my cellular at (305) 986-8294.

Thank you.

Mia Stierheim

President

Enc.