

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055962

1. Entity Name
IRON HORSE PROPERTIES CORPORATION

Principal Place of Business
**745 12TH AVE. SOUTH. STE. E
NAPLES FL 34102**

Mailing Address
**745 12TH AVE. SOUTH. STE. E
NAPLES FL 34102**

2. Principal Place of Business
101 Aviation Dr. North

3. Mailing Address
101 Aviation Dr. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

Zip
34104

Country

Zip
34104

Country

4. FEI Number **65-0777160**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KABCENELL, JAMES H
AIR TRAFFIC CORPORATION
745 12TH AVE. SOUTH, STE. E
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **Kabcenell, James H.**
Street Address (P.O. Box Number is Not Acceptable)
Clark Aviation Corporation
101 Aviation Dr. North
City **Naples** **FL** Zip Code **34104**

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.

JAMES H. KABCENELL

(NOTE: Registered Agent signature required when reinstating)

1/8/01
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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|-----------------------------|-----------------|---------------------------------|
| PD | CLARK, DAVID M | 745 12TH AVE. SOUTH, STE. E | NAPLES FL 34102 | <input type="checkbox"/> |
| VTS | KABCENELL, JAMES H | 745 12TH AVE. SOUTH, STE. E | NAPLES FL 34102 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|------------------------|------------------|--|
| | | 101 Aviation Dr. North | Naples, FL 34104 | <input checked="" type="checkbox"/> |
| | | 101 Aviation Dr. North | Naples, FL 34104 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. KABCENELL

1/8/01

Date

941 649 6800

Daytime Phone #

0390423

CR2E034 (10/00)