

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-28-2003 91514 009 ***150.00

03 MAY 23 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058260

1. Entity Name

IRONWORKS, INC., OF ORANGE PARK



Principal Place of Business

Mailing Address

2. Principal Place of Business

1701 BLANDING BLVD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 65849

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

Zip
32068

Country
USA

City & State

ORANGE PARK, FL

Zip
32065

Country
USA

4. FEI Number

59-3526251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISCHETTE, JAMES A
SUITE 1916 RIVERPLACE TOWER
1301 RIVERPLACE BLVD
JACKSONVILLE FL 32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLENCOURT, MICHAEL A 1701 BLANDING BLVD MIDDLEBURG FL 32068	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VALLENCOURT, KATHRYN J 1701 BLANDING BLVD MIDDLEBURG FL 32068	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

2. 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 address, with all other like empowered.

SIGNATURE: *Michael A. Valencourt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 904 291-9330

Date

Daytime Phone #

CR2E034 (10/02)