

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000093977**

1. Entity Name

IRON ASSET FINANCIAL, INC.**FILED****Apr 07, 2000 8:00 am**
Secretary of State

04-07-2000 90074 046 ***150.00

Principal Place of Business

Mailing Address

**11960 NEW KINGS ROAD
JACKSONVILLE FL 32219****11960 NEW KINGS ROAD
JACKSONVILLE FL 32219-1714**

2. Principal Place of Business

3. Mailing Address

11950 New Kings Road**11950 New Kings Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3540636

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAFER, ELIOT J
4925 BEACH BOULEVARD
JACKSONVILLE FL 32207**

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	KOSTENSKI, EDWARD	11960 NEW KINGS ROAD	JACKSONVILLE FL 32219	<input type="checkbox"/>					
	D	KOSTENSKI, SUZANNE	11960 NEW KINGS ROAD	JACKSONVILLE FL 32219	<input type="checkbox"/>					
	D	DORMANN, CHRISTOPH	11960 NEW KINGS ROAD	JACKSONVILLE FL 32219	<input type="checkbox"/>					
	D	FEIMAN, ROBERT	11960 NEW KINGS ROAD	JACKSONVILLE FL 32219	<input checked="" type="checkbox"/>					
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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 REQUIRED Christoph Dormann 4/4/00

904-765-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)