

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
05-17-2001 91311 045 \*\*\*150.00

DOCUMENT # **S23302**

1. Entity Name  
**IRON ART, INC.**

Principal Place of Business

**640 E. UNION ST.  
JACKSONVILLE FL 32206  
US**

Mailing Address

**640 E. UNION ST.  
JACKSONVILLE FL 32206  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3057533**

Applied For

Not Applicable

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

**HUBER, PETER  
640 E. UNION ST.  
JACKSONVILLE FL 32206**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **HUBER, PETER S.**  
STREET ADDRESS **3331 TROUT RIVER BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 supplement 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

Date

Daytime Phone #

**Peter S. Huber** 4/27/01 904-355-0775

CR2E034 (10/00)

**657556**



DO NOT WRITE IN THIS SPACE

5-7-01

1057556

523302

I AM PETER HUBER'S ASSISTANT  
AND PERSONAL SECRETARY,  
RESPONSIBLE FOR BILLS GETTING  
PAID ON TIME, AS MR HUBER, TRAVELS  
EXTENSIVELY FOR BUSINESS.  
I WROTE YOUR CHECK ON FRIDAY,  
APRIL 27. I HAD IT READY TO  
GO ON MONDAY, APRIL 30.

ON SUNDAY, APRIL 29, MY  
HUSBAND HAD EMERGENCY SURGERY  
AND I WAS UNABLE TO RETURN TO  
WORK FOR ONE WEEK. AND YOUR  
CHECK WAS NOT MAILED ON TIME.  
THERE IS NO DOUBT THAT I WOULD  
LOSE MY JOB, SHOULD WE HAVE