

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90401 041 ***150.00

0428000

DOCUMENT # K22541

1. Entity Name
IANRON REALTY CORP.

Principal Place of Business
**430 OLD OAK CIR.
 PALM HARBOR FL 34683
 US**

Mailing Address
**430 OLD OAK CIRCLE
 PALM HARBOR FL 34683
 US**

00029310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2751 REGENCY OAKS BLVD

3. Mailing Address
SAME

Suite, Apt. #, etc.
M-501

Suite, Apt. #, etc.
SAME

City & State
CLEARWATER, FL 33759

City & State
SAME

4. FEI Number **59-2896593**

Applied For
 Not Applicable

Zip
33759

Country
U.S.A.

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

**JULIANO, JOHN S
 430 OLD OAK CIRCLE
 PALM HARBOR FL 34683**

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 *John Juliano SR. PRESIDENT JOHN JULIANO SR. 3-28-01*

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 **DP** Delete
 NAME **JULIANO, JOHN, SR.**
 STREET ADDRESS **430 OLD OAK CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **DP** Change Addition
 NAME **JULIANO, JOHN SR.**
 STREET ADDRESS **2751 REGENCY OAKS BLVD APT A-501**
 CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **DS** Delete
 NAME **JULIANO, VERONICA**
 STREET ADDRESS **430 OLD OAK CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **JULIANO, GLEN**
 STREET ADDRESS **1044 ROSETREE LANE**
 CITY-ST-ZIP **TARPOON SPRINGS FL 34689**

TITLE **DS** Change Addition
 NAME **JULIANO, GLEN**
 STREET ADDRESS **701 SAND ISLAND**
 CITY-ST-ZIP **CLEARWATER, FL, 33767**

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

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

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: *John Juliano SR. PRESIDENT 3-28-01 727-724-3143*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN JULIANO SR. PRESIDENT

CR2E034 (10/00)