

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91208 038 ***150.00

SECRETARY (02)

DOCUMENT # P00000059484

1. Entity Name
TJ'S IRRIGATION, INC.

Principal Place of Business Mailing Address
9105 SE C-25 **9105 SE C-25**
BELLEVIEW FL 34420 **BELLEVIEW FL 34420**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3658882** 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

JOSEPHSON, LORRAINE
9105 SE C-25
~~**BELLEVIEW FL 34420**~~

Name **Tom Josephson**
 Street Address (P.O. Box Number is Not Acceptable)
~~**9105 SE C-25**~~
 City **Belleview** **FL** Zip Code **34420**

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 *Tom Josephson* DATE **5.22.02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D <input type="checkbox"/> Delete
NAME	JOSEPHSON, LORRAINE
STREET ADDRESS	9105 SE C-25
CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE	<input type="checkbox"/> Delete
NAME	President
STREET ADDRESS	Tom Josephson
CITY-ST-ZIP	9105 SE C-25 Belleview, FL. 34420
TITLE	<input type="checkbox"/> Delete
NAME	Secretary/Treasurer
STREET ADDRESS	Lisa Josephson
CITY-ST-ZIP	9105 SE C-25 Belleview, FL. 34420
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Tom Josephson* **SIGNATURE REQUIRED** Date **5.22.02** Daytime Phone # **352.245.7672**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)