2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90085 006 ***150.00

0448396

DOCUMENT # P94000060703

1. Entity Name
ACTION IRRIGATION & LANDSCAPING CONTRACTORS, INC

Principal Place of Business
952 SOUTH RIDGEWOOD AVE.
LAKE CITY FL 32055

Mailing Address
952 SOUTH RIDGEWOOD AVE.
LAKE CITY FL 32055

C0040695

DO NOT WRITE IN THIS SPACE

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 59-3268093 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
UNRAU, R. LAWTON
952 SOUTH RIDGEWOOD AVE.
LAKE CITY FL 32055

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.

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	TITLE	S ☐ Change ☒ Addition
NAME	UNRAU, R. LAWTON	NAME	TURNSPLENTY CHESTER M
STREET ADDRESS	952 SOUTH RIDGEWOOD AVE.	STREET ADDRESS	952 S RIDGEWOOD ~~AVE~~ AVE.
CITY-ST-ZIP	LAKE CITY FL 32055	CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KAMPMEYER, STEVEN L	NAME	
STREET ADDRESS	952 SOUTH RIDGEWOOD AVE.	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	CITY-ST-ZIP	
TITLE	S ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MCGEE, RURMELL L.	NAME	
STREET ADDRESS	952 SOUTH RIDGEWOOD AVE.	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: Lawton Unrau Lawton Unrau 1-4-01 904-755-9629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #