

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91325 016 \*\*\*158.75

**DOCUMENT # P98000108041**

1. Entity Name  
**B&G IRRIGATION AND LANDSCAPE COMPANY**

Principal Place of Business <b>251 MCLEOD ST  MERRITT ISLAND FL 32953</b>	Mailing Address <b>115 GATOR DRIVE  MERRITT ISLAND FL 32953</b>
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2. Principal Place of Business <b>3705 N. Courtenay  Suite, Apt. #, etc. Parkway</b>	3. Mailing Address <b>(← same as business)</b>
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City & State <b>Merritt Island FL</b>	City & State
Zip <b>32953</b>	Country <b>Brevard</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3549380</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**BOUCHER, MICHAEL G  
115 GATOR DRIVE  
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent  
Name: **Michael G. Boucher**  
Street Address (P.O. Box Number is Not Acceptable): **(new) 2150 Chase Hammock Road**  
City: **Merritt Island FL** Zip Code: **32953**

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: *Mike Boucher* DATE: *2-25-01*  
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BOUCHER, MICHAEL G</b> <b>115 GATOR DRIVE</b> <b>MERRITT ISLAND FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GEIGER, STEVEN</b> <b>455 MONITOR STREET</b> <b>MERRITT ISLAND FL 32952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2150 Chase Hammock Road</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Mike Boucher* DATE: *2-25-01* DAYTIME PHONE #: *321-459-2902*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)