

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90178 018 ***150.00

DOCUMENT # P01000002637

1. Entity Name
FLORIDA IRRIGATION AND PUTTING GREENS, INC.



Principal Place of Business
1860 MURPHY ST
OVIEDO FL 32765

Mailing Address
1860 MURPHY ST
OVIEDO FL 32765



2. Principal Place of Business

1858 Murphy St
Suite, Apt. #, etc.

OVIEDO, FL
City & State

3. Mailing Address

1858 Murphy Street
Suite, Apt. #, etc.

OVIEDO, FL
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3704390**

Applied For
Not Applicable

Zip
32765

Country
USA

Zip
32765

Country
USA

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

6. Name and Address of Current Registered Agent

WARREN, CHRISTOPHER
1860 MURPHY ST
OVIEDO FL 32765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **OP** ☐ Delete
NAME **CHRISTOPHER, WARREN**
STREET ADDRESS **1860 MURPHY STREET**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **S** ☐ Delete
NAME **PAUL, WARREN**
STREET ADDRESS **1860 MURPHY STREET**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **Paula, Warren**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 **407 389-7376**
Date **Daytime Phone #**

CR2E034 (10/02)