

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-03-2002 90125 029 ***150.00

0109793 AV

DOCUMENT # 268322

1. Entity Name

SENNINGER IRRIGATION INC

Principal Place of Business

Mailing Address

**6416 OLD WINTER GARDEN RD.
 ORLANDO FL 32835-1348**

**6416 OLD WINTER GARDEN RD.
 ORLANDO FL 32835-1348**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1000959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KALEEL, SAMUEL J.
 6416 OLD WINTER GARDEN RD
 ORLANDO FL 32835**

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, 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 ☐ Delete
 NAME **D HEALY, A M**
 STREET ADDRESS **6325 WYNGLOW LANE**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete
 NAME **DV HEALY, MARK**
 STREET ADDRESS **1735 BLOSSOMWOOD**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete
 NAME **DV SENNINGER, THOMAS P.**
 STREET ADDRESS **5948 LAKE NELLIE RD**
 CITY-ST-ZIP **CLERMONT FL**

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

TITLE ☐ Delete
 NAME **DV ELLIOTT, FREDERICK T.**
 STREET ADDRESS **12116 VALLEY RD.**
 CITY-ST-ZIP **CLERMONT FL**

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

TITLE ☐ Delete
 NAME **DP SKOLNIK, ADAM R.**
 STREET ADDRESS **12001 VALLEY RD.**
 CITY-ST-ZIP **CLERMONT FL**

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

TITLE ☐ Delete
 NAME **DT KALEEL, SAMUEL J.**
 STREET ADDRESS **1127 BLACK ACRE TR**
 CITY-ST-ZIP **WINTER SPRINGS FL**

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:

Samuel J. Kaleel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-02 (407)293-5555

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
Doc # 918822

ATTACHMENT

327786

2002 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # 268322
SENNINGER IRRIGATION INC

OFFICERS AND DIRECTORS

TITLE	DS
NAME	CAROL KENNEDY
STREET ADDRESS	11019 ORANGESHIRE CT
CITY-ST-ZIP	OCOE FL 34761

TITLE	D
NAME	JAMES BURKS
STREET ADDRESS	16740 APPALOOSA TRAIL
CITY-ST-ZIP	MONTVERDE FL 34756