# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 07, 2003 8:00 am**
**Secretary of State**
04-07-2003 90959 023 ***150.00

DOCUMENT # 268322

1. Entity Name
SENNINGER IRRIGATION INC

| Principal Place of Business | Mailing Address |
|---|---|
| 6416 OLD WINTER GARDEN RD.<br>ORLANDO FL 32835-1348 | 6416 OLD WINTER GARDEN RD.<br>ORLANDO FL 32835-1348 |

☐ CHECK HERE IF MAKING CHANGES

| 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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KALEEL, SAMUEL J.<br>6416 OLD WINTER GARDEN RD<br>ORLANDO FL 32835 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HEALY,A M<br>6325 WYNGLOW LANE<br>ORLANDO FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>HEALY,MARK<br>1735 BLOSSOMWOOD<br>ORLANDO FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>SENNINGER, THOMAS P.<br>5948 LAKE NELLIE RD<br>CLERMONT FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>ELLIOTT, FREDERICK T.<br>12116 VALLEY RD.<br>CLERMONT FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>SKOLNIK, ADAM R.<br>12001 VALLEY RD.<br>CLERMONT FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>KALEEL, SAMUEL J.<br>1127 BLACK ACRE TR<br>WINTER SPRINGS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/02)

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:** Samuel J. Kaleel Samuel J. Kaleel 4-2-03 (407) 293-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

90076128

**ATTACHMENT**

**2003 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 | OCOEE FL 34761 |

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