## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 516389** 1. Entity Name UNITED IRRIGATION OF MELBOURNE, INC. 04-24-2001 90356 001 \*\*\*158.75 Principal Place of Business Mailing Address 680 S PATRICK DR 680 S PATRICK DR SATELLITE BCH FL 32937 SATELLITE BEACH FL 32937 N004050U 2. Principal Place of Business 3580 TADLOCK AU DO NOT WRITE IN THIS SPACE Applied For City-& State City & State 4. FEI Number 59-1700703 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32950 Fee Required 2936-2316 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIERS, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 3511 VISTA OAKS CIRCLE N.E. PALM BAY FL 32905 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 -- Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI E PD Delete TITLE Change NAME HIERS, LLOYDE B. JR NAME STREET ADDRESS STREET ADDRESS 879 WALPOLE RD SW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HIERS, SCOTT STREET ADDRESS STREET ADDRESS 3511 VISTA OAKS CIRCLE NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 ☐ Change ☐ Addition TITLE ST Delete HIERS. JUDY LOUISE NAME STREET ADDRESS STREET ADDRESS 3580 TADLOCK ROAD CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL

CITY-ST-ZIP

TITLE
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 endowered.

TITLE

NAME

TITLE

NAME

,street.address, City-St-Zip

STREET ADDRESS

□ Delete

Delete

SIGNATURE:

NAME STREET-ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

HEIRS, SCOTT

PALM BAY FL 32905

3511-VISTA-OAKS: CIRLCE: NE

Judy Louise Hein Judy Louise Hicks 4/12/01 321-726-830

☐ Change

Change

☐ Addition

- ☑ Addition