

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 587549

1. Entity Name

SOUTHERN IRRIGATION AND MAINTENANCE, INC.

Principal Place of Business

1409 WAKULLA WAY
ORLANDO FL 32839-3319

Mailing Address

1409 WAKULLA WAY
ORLANDO FL 32839-3319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7226 W. Colonial Dr.

Suite, Apt. #, etc.

#167

City & State
Orlando, FL

Zip
32818

Country
USA

6. Name and Address of Current Registered Agent

CARPENTER, WILLIAM E. JR.
4324 S KIRKMAN RD #1113
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7890 Dudley Avenue

Mt. Dora

City

FL

Zip Code
32757



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1860320

Applied For
Not Applicable

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

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, 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	P	<input type="checkbox"/> Delete
NAME	CARPENTER, WILLIAM E. JR	
STREET ADDRESS	4324 S KIRKMAN RD #1113	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARPENTER, CAROL C.	
STREET ADDRESS	4324 S KIRKMAN RD #1113	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carpenter, William E., Jr.	
STREET ADDRESS	7890 Dudley Avenue	
CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carpenter, Carol C	
STREET ADDRESS	7890 Dudley Avenue	
CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01

Date

407-616-7973

Daytime Phone #

0076103

CR2E034 (10/00)