2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F96000006612

1. Entity Name

RAIN BIRD SERVICES CORPORATION

FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90162 046 ***150.00

_	

	ace of Busines GRAND AVE. CA 91741	Mailing Address 145 NORTH GRAND AVE. TAX DEPARTMENT GLENDORA CA 91741								IJ ed ik a s ubi o d i	18	
2. Principal	Place of Busi	3. Mai	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta	ate	City & State					4. FEI Number 95-4565763				Applied For	
Zip Country			Zip	Zip Country				5 . Ce	rtificate of Status Desired		\$8.75 A	Not Applicable dditional
	6.ª Name	and Address of Current	Registere	d Agent		<u> </u>			me and Address of New Ro		Fee Requi	red
				-		Name				-giacerec	-	*-
	RPORATION					Street A	Address /PC	- Boy	Number is Not Acceptable)			
		SLAND ROAD				Silectiv	Address (F.C). BUX	Trumber is Not Acceptable)			
PLANIA!	TION FL 333	24										
						City	- ·		·	FI	Zip Co	de
8. The above	e named entit	submits this statement for	r the purpo	ose of changing its	registere	ed office o	or registered	agent	t, or both, in the State of Flor	ida. an	familiar with	and accept
the obliga	tions of regist	ered agent.										
SIGNATURE												
		or printed name of registered agent	and title if appli	cable. (NOTE	Registered	d Agent signa	ture required whe	en reinst	ating)	DATE		
		! FEE IS \$150.00							9. Election Campaign Fina	ancina	¢E	00
Make Chec	r may 1, 200 k Pavable to	3 Fee will be \$550.00 Florida Department of	State						Trust Fund Contribution			00 May Be ed to Fees
10.		OFFICERS AND		35	11.		·	ADDII	FIGNICIONALOSO TO OSSI	2550 111	- 	
TITLE	PD	1	511120101	□ Delete	TITLE		TAS	ADDI	TIONS/CHANGES TO OFFIC	JERS AN		
NAME	LA FETRA	, anthony w		C Delete	NAME			ias	, Nicholas S.		☐ Change	⊠ Addition
STREET ADDRESS		'H GRAND AVE.			STREE	T ADDRESS			h Grand Avenue			
CITY-ST-ZIP		A CA 91741			CITY-	ST-ZIP	Glend	ora	, CA 91741			
TITLE	VSD.			☐ Delete	TITLE						☐ Change	Addition
NAME	LUDWICK,	ARTHUR J			NAME							_
STREET ADDRESS CITY-ST-ZIP		H GRAND AVE.				T ADDRESS						
	 	A CA 91741			CITY-	ST-ZiP	ļ					
TITLE NAME	D	CLIZANIAIC I		☐ Delete	TITLE		S	2 -			☐ Change	☐ Addition
STREET ADDRESS	C/O ART I	Suzanne L .udwick -145 n Gran	ID AVE		NAME	T ADDRESS	İ					·
CITY-ST-ZIP		A CA 91741	ID AVE			T ADURESS ST-ZIP	٠.					
TITLE	AS			Delete	TITLE		 					
NAME	HUPP, EDI	WIN M		C Delete	NAME						☐ Change	☐ Addition
STREET ADDRESS		H GRAND AVE.				T ADDRESS						
CITY-ST-ZIP	GLENDOR	A CA 91741			CITY-S	ST-ZIP						
TITLE	D	-		☐ Delete	TITLE	-					☐ Change	Addition
NAME	PACE, GEO		-		NAME	ĺ						
STREET ADDRESS CITY-ST-ZIP		UDWICK -145 N GRAN	d avenu	E		ADDRESS	:					
		CA 91741		·	CITY-S	ST-ZIP						
TITLE	D DOTTE ED	AAMAI		☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS	POTTS, ER		ם אטר		NAME							
CITY-ST-ZIP	CLENDODA	UDWICK -145 N GRAN NCA 91741	U AVE			ADDRESS						
Ur Zii	ALFIADOUS	1 UM 31/41			CITY-S	it-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 attagment with an address, with all other like empowered.

SIGNATURE:

LECUREDEdwin Mr. Hupp; Asst. Sec.///3/2-03 626-852-7214 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR