

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90079 018 ***150.00

DOCUMENT # J64371

1. Entity Name

SPRINKLERS INCORPORATED JSU LANDSCAPING CORPORAT

Principal Place of Business

2111 50TH ST SW
 NAPLES FL 34116-5754

Mailing Address

12829 W. FOSS GROVE PATH
 INGLIS FL 34449-9195
 US

2. Principal Place of Business

2111 50th St. S.W.

3. Mailing Address

12829 W. Foss Grove Path

Suite, Apt. #, etc.

NAPLES FL 34116-5754

Suite, Apt. #, etc.

INGLIS FLA

City & State

FLA

City & State

(CITRUS COUNTY)

Zip

34116

Country

USA

Zip

34449

Country

CITRUS COUNTY

4. FEI Number

59-2800329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHWEIKHARDT, WILLIAM
 900 SIXTH AVE. S.
 SUITE 203
 NAPLES FL 33940

7. Name and Address of New Registered Agent

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	SMITH, JAMES M.	
STREET ADDRESS	3320 GOLDEN GATE BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SMITH, ALLIE R.	
STREET ADDRESS	3320 GOLDEN GATE BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	Vice President / DIRECTOR	<input type="checkbox"/> Delete
NAME	Mike Smith	
STREET ADDRESS	2111 50th St S.W.	
CITY-ST-ZIP	NAPLES FL 34116-5754	
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	<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	
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

Date

Daytime Phone #

CR2E034 (9/99)