

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90005 037 \*\*\*150.00

660564



DO NOT WRITE IN THIS SPACE

**DOCUMENT # K33934**

1. Entity Name

**BOLD CITY IRRIGATION & LANDSCAPING, INC.**

Principal Place of Business

**BOLD CHY IRRIGATION  
 170 COLLEGE DR. STE 1  
 ORANGE PARK FL 32065  
 US**

Mailing Address

**BOLD CHY IRRIGATION  
 170 COLLEGE DR. STE 1  
 ORANGE PARK FL 32065  
 US**

2. Principal Place of Business

**BOLD City IRRIGATION**  
 Suite, Apt. #, etc.

3. Mailing Address

**BOLD City IRRIGATION**  
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2913370**

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

**REINHEIMER, JOHN H  
 5546 RAINEY AVE. W.  
 ORANGE PARK FL 32065**

Name **John H. Reinheimer**

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

**1730 REDWOOD LANE**

City **Middleburg**

**FL**

Zip Code

**32068**

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.)

(NOT)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>REINHEIMER, JOHN H</b>	
STREET ADDRESS	<b>5546 RAINEY AVE. W.</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John H. Reinheimer</b>	
STREET ADDRESS	<b>1730 Redwood LANE</b>	
CITY-ST-ZIP	<b>Middleburg, FL 32068</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or on an attachment with an address, with another like empowered.

SIGNATURE:

**John H. Reinheimer**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John H. Reinheimer**

Date

Daytime Phone #

**5/25/01 904-2648171**

CR2E034 (10/00)