

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K39981

1. Entity Name

NIMBUS IRRIGATION INCORPORATED

Principal Place of Business

161 ST RD 512  
SUITE 201  
SEBASTIAN FL 32958  
US

Mailing Address

161 ST RD 512  
SUITE 201  
SEBASTIAN FL 32958  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GREGORY, ANDREW L.  
624 FISCHER HAMMOCK ROAD  
SEBASTIAN FL 32958

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, 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	PT	<input type="checkbox"/> Delete
NAME	GREGORY, ANDREW L.	
STREET ADDRESS	624 FISCHER HAMMOCK RD.	
CITY- ST- ZIP	SEBASTIAN FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GREGORY, MARY	
STREET ADDRESS	624 FISCHER HAMMOCK RD.	
CITY- ST- ZIP	SEBASTIAN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ADAMS, JAMES R	
STREET ADDRESS	126 43RD AVE SW	
CITY- ST- ZIP	VERO BCH FL 32965	
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

ANDREW L. GREGORY

Date

Daytime Phone

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
05-11-2001 90059 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0075906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034 (10/00)