2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69911 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name LUBEE'S IRRIGATION, INC. 04-19-2000 90081 048 ***150.00 Principal Place of Business Mailing Address 2160 MARINER BOULEVARD 2160 MARINER BOULEVARD SPRING HILL FL 34609-3859 SPRING HILL FL 34609-3859 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2938883 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUBEE, MAURICE A. Street Address (P.O. Box Number is Not Acceptable) ---2160 MARINER BLVD. SPRING HILL FL 34606 Zip Code City 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. 4-12-00 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE LUBEE, MAURICE A. NAME NAME 11133 BELLTOWER ST STREET ADDRESS STREET ADDRESS SPRING HILL FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE BOYLE, WILLIAM NAME NAME 7420 MEAD DRIVE STREET ADDRESS STREET ADDRESS SPRING HILL FL CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE RIVERA, DAVID NAME NAME 3023-DUMAS-ST-STREET ADDRESS STREET ADDRESS SPRINGHILL FL CITY-ST-ZIP CITY-ST-ZIP Secretary ☐ Delete Roger Duncan Delete 15026 Little Ranch Rd Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS Shady Hills, Fli CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

352-683-3582

Daytime Phore