

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 07, 2001 08:00 AM
Secretary of State

DOCUMENT # M92954

1. Entity Name
ALL PRO IRRIGATION SYSTEMS, INC.

Principal Place of Business
3183 HAWKS LANDING DRIVE
TALLAHASSEE FL 32308 US

Mailing Address
3183 HAWKS LANDING DRIVE
#3-223
TALLAHASSEE FL 32308 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3183 HAWKS LANDING DRIVE
Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

Zip Country
32308 US

4. FEI Number
59-2900270
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUDD, GEORGE C. III
3183 HAWKS LANDING DRIVE
TALLAHASSEE FL 32308 US

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 _____ DATE 01/07/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | ST | <input type="checkbox"/> Delete |
| NAME | BUDD DONNA | |
| STREET ADDRESS | 3183 HAWKS LANDING DR | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | SANTINI BEVERLY | |
| STREET ADDRESS | 1777 BROKEN BOW TRAIL | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BUDD, III, GEORGE C. | |
| STREET ADDRESS | 3183 HAWKS LANDING DR | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| 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: George C. Budd III

P

01/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)