

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N19791**

1. Entity Name

DEERFIELD IRRIGATION COMPANY, INC. ✓**FILED**
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90163 031 ****61.25

0016557

Principal Place of Business

Mailing Address

C/O DAVID NEILL
PO BOX 2547
FT. PIERCE FL 34954P O BOX 2547
FT. PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2805105**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****NEILL, DAVID**
2709 MCNEIL RD.
FT. PIERCE FL 34981

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD** ☐ Delete
NEILL, DAVID
2709 MCNEIL ROAD
FT. PIERCE FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D** ☐ Delete
MIXSON, ROBERT
4923 NW 49TH AVE
COCONUT CREEK FL 33073TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D** ☐ Delete
MONTENE, RUBEN
5551 JOHNSOON RD
FT PIERCE FL 34954TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE

SIGNATURE REQUIRED

7/30/02 (732) 464-2261

CR2E037 (4/02)