4/13/01-90041-006-

FILED
Jun 19, 2001 8:00 am
Secretary of State

04-13-2001 90041 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056337

1. Entity Name
AQUA SPRINKLER AND LAWNCARE, INC.

Principal Place of Business	Mailing Address
2465 ISLANDER CT PALM HARBOR FL 34683	2465 ISLANDER CT PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2465 Islander ct		2465 Islander ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Palm Harbor fl		City & State: Palm Harbor fl	
Zip: 34683	Country: Pinellas	Zip: 34683	Country: Pinellas

4. FEI Number: 59-3652007 ☐ 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
SPICER, LORETTA 2465 ISLANDER CT PALM HARBOR FL 34683	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]
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President NAME: James B. Spicer STREET ADDRESS: 2465 Islander ct CITY-ST-ZIP: Palm Harbor fl 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: vice Presdent NAME: Loretta Spicer STREET ADDRESS: 2465 Islander ct CITY-ST-ZIP: Palm Harbor fl 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 727-789-2889