## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2001 8:00 am DOCUMENT # P0000062989 **Secretary of State** AQUA SOURCE IRRIGATION, INC. 03-05-2001 90294 014 \*\*\*150.00 Principal Place of Business Mailing Address 5977 E CR 462 P O BOX 301 WILDWOOD FL 34785 WILDWOOD FL 34785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 3658101 59-Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ee Terr TERRY, MITZI L Prajox Number is Not Acceptable) Street Add Delete 5977 E-CR 462 WILDWOOD FL 34785 301 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. President Delete CR2E034 (10/00) Addition TITLE TITLE [] Change President Ernest Lee Terry III P.O. Box 301 NAME NAME P. 6. Box 301 Wildwood STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP wildwood TITLE Vice President ☐ Delete TITLE ☐ Change ☐ Addition NAME Ernest Lectory III NAME STREET ADDRESS STREET ADDRESS P.O Box 301 CITY-ST-ZIP CITY-ST-ZIP Boows/I'C TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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.

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