5/18

FROM:

FAX NO. : 8007917838

FILED
Jul 02, 2001 8:00 am
Secretary of State
05-18-2001 91556 004 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064820

Entity Name

Full Coverage Irrigation Systems, Inc.

(R)

Principal Place of Business / Mailing Address

10097 Cleary Blvd. Suite 342
Plantation, FL 33324

[redacted]

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	10097 Cleary Blvd. Suite 342
City & State	City & State
	Plantation, FL
Zip / Country	Zip / Country
USA	33324 Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1022620 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Lyon Greenblatt Esq.
1776 Pine Island Road
Suite 118 Plantation, FL 33322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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] — Date: 4/30/01

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

This corporation is eligible to satisfy the intangible tax filing requirement and elects to do so. (see criteria on back) ☑

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PRES ☐ Delete ADDRESS: BRENT A. BALL 1-ZIP: 10097 Cleary Blvd. #342 Plantation FL 33324	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ADDRESS 1-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ADDRESS -ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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☐ Delete ADDRESS -ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E084 (1/00)

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.

NATURE: [signature] — Brent Ball, President — 4/30/01 (Date) — 954-410-0709 (Daytime Phone Number)

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL