

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90018 002 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000105855

1. Entity Name
ARMSTRONG IRRIGATION SERVICE, INCORPORATED

Principal Place of Business
2303 TOWERLY TR
LUTZ FL 33549

Mailing Address
2303 TOWERLY TR
LUTZ FL 33549

2. Principal Place of Business
2303 TOWERLY TR

3. Mailing Address
2303 TOWERLY TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LUTZ FL

City & State
LUTZ, FL

4. FEI Number ☒ **Applied For**
☐ **Not Applicable**

Zip
33549

Country
USA

Zip
33549

Country
USA

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

6. Name and Address of Current Registered Agent

BIZCORP INTERNATIONAL INC.
4400 PGA BLVD, STE 700
PALM BEACH GARDENS FL 33410

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

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
D PRESIDENT ☐ **Delete**
NAME
ARMSTRONG, JEFF C
STREET ADDRESS
2303 TOWERLY TR
CITY-ST-ZIP
LUTZ FL 33549

TITLE
SECRETARY - TREASURER ☐ **Delete**
NAME
ARMSTRONG, BILLIE
STREET ADDRESS
2303 TOWERLY TR
CITY-ST-ZIP
LUTZ, FL 33549

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY C ARMSTRONG

1/3/01

Date

(813) 695-

Daytime Phone #

0711

CR2E034 (10/00)