

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91463 017 ***150.00

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1. Entity Name
GRIMALDI'S SPRINKLER SYSTEMS AND LANDSCAPE DESIGN, INC.



Principal Place of Business
2633 N LECANTO HIGHWAY
LECANTO FL 34461

Mailing Address
2633 N LECANTO HIGHWAY
LECANTO FL 34461



2. Principal Place of Business
2633 N LECANTO HWY
LECANTO, FL 34461
Suite, Apt. #, etc.

3. Mailing Address
2633 N LECANTO HWY
LECANTO, FL 34461
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LECANTO FL

City & State
LECANTO FL

4. FEI Number
59-3754122

Applied For
☐ Not Applicable

Zip 34461 **Country** CITRUS

Zip 34461 **Country** CITRUS

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

6. Name and Address of Current Registered Agent

JARRETT, DEBORAH L
2633 N LECANTO HIGHWAY
LECANTO FL 34461

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. 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

FILE MONTHLY FEE \$2100.00
After July 1, 2003 Fee will be \$2100.00
Make Check Payable to Florida Department of Banking

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS NAME GRIMALDI, ROSALIE STREET ADDRESS 2633 N LECANTO HIGHWAY CITY-ST-ZIP LECANTO FL 34461	☒ Delete	TITLE PS NAME Deborah L Jarrett STREET ADDRESS 2633 N LECANTO HWY CITY-ST-ZIP LECANTO, FL 34461	☒ Change ☐ Addition
TITLE T NAME GRIMALDI, JOSEPH STREET ADDRESS 2633 N LECANTO HIGHWAY CITY-ST-ZIP LECANTO FL 34461	☐ Delete	TITLE VP NAME Kurt Hayes STREET ADDRESS 2633 N LECANTO HWY CITY-ST-ZIP LECANTO FL 34461	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE T NAME James T. Jarrett STREET ADDRESS 2633 N LECANTO HWY CITY-ST-ZIP LECANTO, FL 34461	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE OFFICER NAME Joseph Grimaldi STREET ADDRESS 2633 N LECANTO HWY CITY-ST-ZIP LECANTO, FL 34461	☐ 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

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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah L Jarrett* Deborah L. Jarrett 4/23/03 (352) 527-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #