

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90303 046 ***150.00

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1. Entity Name
AQUA-FLO IRRIGATION, INC.



Principal Place of Business
11290 NW 43 ST.
CORAL SPRINGS FL 33065
US

Mailing Address
11290 NW 43 ST.
CORAL SPRINGS FL 33065
US



2. Principal Place of Business

4630 N. University Dr.
Suite, Apt. #, etc.
PMB 308

3. Mailing Address

4630 N. University Dr.
Suite, Apt. #, etc.
PMB 308

☒ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

94-3422763

Applied For

Not Applicable

Zip
33067

Country
US

Zip
33067

Country
US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAHILL, KATHLEEN
11290 NW 43 ST.
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

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

7372 Pinewalk Dr S.

City
Margate

FL

Zip Code
33063

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 NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME CAHILL, THOMAS
STREET ADDRESS 11290 NW 43 ST.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE V
NAME CAHILL, MATTHEW
STREET ADDRESS 11290 NW 43 ST.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE S
NAME ODEM, CHARLES
STREET ADDRESS 11291 NW 43 ST.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 7372 Pinewalk Dr S.
CITY-ST-ZIP Margate, FL 33063 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 7372 Pinewalk Dr S.
CITY-ST-ZIP Margate, FL 33063 ☒ Change ☐ Addition

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

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

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

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:

Signature of Thomas Cahill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 954-7551070

Date Daytime Phone #

CR2E034 (10/02)