

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90095 038 ***150.00

DOCUMENT # P02000027630

1. Entity Name
IRVIN INC.



Principal Place of Business
**405 WILLET AVENUE
JUPITER FL 33458
US**

Mailing Address
**405 WILLET AVENUE
JUPITER FL 33458
US**

2. Principal Place of Business

16625 NW 280th Street

3. Mailing Address

16625 NW 280th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee FL

4. FEI Number

27-0015726

Applied For

Not Applicable

Zip
34972

Country
USA

Zip
34972

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**IRVIN, PATRICIA
405 WILLET AVENUE
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name

Patricia Irvin

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

16625 NW 280th Street

City

Okeechobee

FL

Zip Code

34972

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

Patricia Irvin

Patricia Irvin, president

9-9-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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** ☐ Delete
NAME **IRVIN, PATRICIA**
STREET ADDRESS **405 WILLET AVENUE**
CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Patricia Irvin**
STREET ADDRESS **16625 NW 280th Street**
CITY-ST-ZIP **Okeechobee FL 34972**

TITLE **VP** ☐ Change ☒ Addition
NAME **Johnny Irvin**
STREET ADDRESS **16625 NW 280th Street**
CITY-ST-ZIP **Okeechobee FL 34972**

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

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

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

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

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 REQUIRED

Patricia Irvin

9-9-03

863-467-5420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80147463
#P02000027630

irvin inc.

September 9, 2003

Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

16625 NW 280th St.
Okeechobee, FL 34972

tel: 863-467-5420
email: patriciai@gate.net

Dear Sir/Madam:

Enclosed please find completed Uniform Business Form for Irvin Inc. and check for \$150 filing fee. I am requesting that the late fee be waived and stating that the corporation did not receive prior notice. Thank you for your consideration.

Kind Regards,

Patricia Irvin

Patricia Irvin
President, Irvin Inc.

encl.