

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036328

1. Entity Name
SOFLA. IRRIGATION, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90074 014 ***150.00

Principal Place of Business
%WAYNE EDDY
1000 PALM TRAIL 7
DELRAY BEACH FL 33483
US

Mailing Address
1000 PALM TRAIL
#7
DELRAY BEACH FL 33483
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 Palm Trail
Suite, Apt. #, etc.
7
City & State
Delray Beach, FL
Zip
33483
Country
U.S.

3. Mailing Address
1000 Palm Trail
Suite, Apt. #, etc.
7
City & State
Delray Beach, FL
Zip
33483
Country
U.S.

4. FEI Number 65-0419963
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
EDDY, WAYNE
1000 PALM TRAIL
UNIT 7
DELRAY BEACH FL 33483

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, WAYNE		NAME		
STREET ADDRESS	1000 PALM TRAIL 7		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Wayne Eddy Wayne Eddy Pres. 3/22/2001 561 272-4803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)