

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90161 031 \*\*\*150.00

**DOCUMENT # P93000036328**

1. Entity Name  
**SOFLA. IRRIGATION, INC.**



Principal Place of Business  
**1000 PALM TRAIL  
# 7  
DELRAY BEACH FL 33483  
US**

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

2. Principal Place of Business  
**2033 S. Seacrest Blvd.**

3. Mailing Address  
**2033 S. Seacrest Blvd.**

Suite, Apt. #, etc.  
**Unit C**

Suite, Apt. #, etc.  
**Unit C**

City & State  
**Boynton Beach, Fl.**

City & State  
**Boynton Beach, Fl.**

Zip Country  
**33435 U.S.**

Zip Country  
**33435 U.S.**



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**EDDY, WAYNE  
1000 PALM TRAIL  
UNIT 7  
DELRAY BEACH FL 33483**

Name **Eddy Wayne**  
Street Address (P.O. Box Number is Not Acceptable)  
**2033 S. Seacrest Blvd.  
Unit C  
Boynton Beach FL 33435**

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 **Wayne Eddy PST Wayne Eddy PST** **3/17/03**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST EDDY, WAYNE 1000 PALM TRAIL 7 DELRAY BEACH FL 33483</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST Eddy, Wayne 2033 S. Seacrest Blvd. Unit C Boynton Beach, Fl. 33435</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Wayne Eddy PST Wayne Eddy PST** **3/17/03** **561 364-4575**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)