## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P94000063964

Entity Name: KILPATRICK IRRIGATION SUPPLY COMPANY, INC.

FILED Jan 09, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	RIDGE RD BEACH, FL	334625026		GH RIDGE RD ON BEACH, FL	334265026		
Current Mailing Address:				New Mailing Address:			
	RIDGE RD BEACH, FL	334625026		GH RIDGE RD ON BEACH, FL	334265026		
FEI Number:	65-0522551	FEI Number Applied For ( )	FEI Number Not A	pplicable()	Certificate of Status De	sired (X)	
Name and	Address of	Current Registered Agent:	Name a	nd Address of	New Registered Age	nt:	
STRAWN, JOEL T 54 N.E. 4TH AVE. DELRAY BEACH, FL 33483 US  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.							
SIGNATUR	RE:						
	Electro	nic Signature of Registered Agen	t		Date		
Election Cam		o satisfy its Intangible Tax filing requing Trust Fund Contribution ( ).			S TO OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( KILPATRICK, I 1750 LAKE DE DELRAY BEAG	₹.	Title: Name: Address: City-St-Zip		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	EVP ( KILPATRICK, 1750 DELRAY BEAG		Title: Name: Address: City-St-Zip	KILPATRICK, 1725 LAKE D			
Title: Name: Address: City-St-Zip:	SVP ( KILPATRICK, 425 N.W. 18TH DELRAY BEAG	H STREET	Title: Name: Address: City-St-Zip		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip: Title:	MORRIS, JOH 8541 N. LAKE PLANTATION,	DASHA DRIVE	Title: Name: Address: City-St-Zip Title:	MORRIS, JOH 1524 WHITEH FORT LAUDE	(X) Change ( ) Addition HN R HALL DRIVE, APT 202 ERDALE, FL 33324		
Name: Address: City-St-Zip:	KILPATRICK, I 1750 LAKE DF DELRAY BEAG	MARY RIVE	Name: Address: City-St-Zip		( ) Shango ( ) Maniori		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. MORRIS SVP 01/09/2002