

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092636

1. Entity Name

AMERICAN IRRIGATION SERVICES, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90057 037 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 8247
JUPITER FL 33468
US

P.O. BOX 8247
JUPITER FL 33468-8247
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 32069

P.O. Box 32069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALM BEACH GARDENS

P.B. GARDENS

City & State

City & State

FL-

FL-

Zip
33420

Country
USA

Zip
33420

Country
USA

4. FEI Number 65-0689927

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

ARRIETA, RAFAEL
12906 LA ROCHELLE CIRCLE
PALM BEACH GARDENS FL 33410

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

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

(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, 2000 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 VP
NAME ARRIETA, RAFAEL
STREET ADDRESS 12906 LA ROCHELLE CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/17/00 1-561 848 7008

CR21034 (9/99)