## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # **P95000017969** Entity Name IRRIGATION ENTERPRISES, INC. 05-18-2000 90352 046 \*\*\*150.00 Principal Place of Business Mailing Address 1472 JORDAN HILLS COURT 1472 JORDAN HILLS COURT CLEARWATER FL 33756-2368 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3303215 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LENHARDT, PETER M Street Address (P.O. Box Number is Not Acceptable) 1472 JORDAN HILLS COURT CLEARWATER FL 33756 Zip Code City FL 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 DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition **DPVS** ☐ Defete TITLE LENHARDT, PETER M NAME STREET ADDRESS STREET ADDRESS 1472 JORDAN HILLS COURT CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** ☐ Addition Change ☐ Delete NAME LENHARDT, PETER M NAME STREET ADDRESS STREET ADDRESS 1472 JORDAN HILLS COURT CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** -. Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME

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 of trustee empower on execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TER M. LENHARDT 4/24/00

141 446-738

Daytime Phone #