

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036878

1. Entity Name

ADVANTAGE IRRIGATION, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90212 047 ***150.00

Principal Place of Business

Mailing Address

4575 CAPRON RD
TITUSVILLE FL 32780
US

4575 CAPRON RD
TITUSVILLE FL 32780-7212
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3315100

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

GUMIENY, EMIL A
1280 WAR EAGLE BLVD
TITUSVILLE FL 32796

Name

Emil A. Gumieny

Street Address (P.O. Box Number is Not Acceptable)

5440 Sandra Dr

City Titusville

FL

Zip Code

32780

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 PD
NAME GUMIENY, EMIL A
STREET ADDRESS 1280 WAR EAGLE BLVD.
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE
NAME
STREET ADDRESS 5440 Sandra Dr
CITY-ST-ZIP Titusville FL 32780 ☒ Change ☐ Addition

TITLE STD
NAME GUMIENY, ADRIANE S
STREET ADDRESS 1280 WAR EAGLE BLVD.
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE
NAME
STREET ADDRESS 5440 Sandra Dr
CITY-ST-ZIP Titusville, FL 32780 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
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:

Adriane S. Gumieny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00
Date

321-269-0040
Daytime Phone #

CR2E034 (9/99)