

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075169

1. Entity Name  
DFS IRRIGATION, INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90123 050 \*\*\*158.75

Principal Place of Business  
13806 SPANISH MARSH TRAIL  
JACKSONVILLE FL 32225

Mailing Address  
13806 SPANISH MARSH TRAIL  
JACKSONVILLE FL 32225

2. Principal Place of Business  
13806 Spanish Marsh trail  
Suite, Apt. #, etc.

3. Mailing Address  
13806 Spanish Marsh trail  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville, FL  
Zip  
32225  
Country  
USA

City & State  
Jacksonville, FL  
Zip  
32225  
Country  
USA

4. FEI Number 59-3404285

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

YOUNG, JAMES O  
13806 SPANISH MARSH TRAIL  
JACKSONVILLE FL 32225

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 *James O. Young Jr.* James O. Young Jr. 4/26/01  
(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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JAMES O JR 13806 SPANISH MARSH TRAIL JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, CAROLYN W 13806 SPANISH MARSH TRAIL JACKSONVILLE FL 32225	<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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James O. Young Jr.* James O. Young Jr. 4/26/01 (904) 221-4496  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)