

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90040 039 ***150.00

DOCUMENT # P96000098052

1. Entity Name

SOUTHERN IRRIGATION WELL DRILLING, INC.

Principal Place of Business

**2007 BAYVIEW PLACE
 INDIAN ROCKS BEACH FL 33785**

Mailing Address

**2007 BAYVIEW PLACE
 INDIAN ROCKS BEACH FL 33785**

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 **59-2537087**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KIMBALL, DENNIS E
 2007 BAYVIEW PLACE
 INDIAN ROCKS BEACH FL 33785**

7. Name and Address of New Registered Agent

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 **DENNIS E. Kimball**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-14-2002

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, 2002 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **KIMBALL, DENNIS E**
 CITY-ST-ZIP **2007 BAYVIEW PLACE**
INDIAN ROCKS BEACH FL

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **KIMBALL, MARILYN S**
 CITY-ST-ZIP **2007 BAYVIEW PLACE**
INDIAN ROCKS BEACH FL

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **KIMBALL, JEFFREY S**
 CITY-ST-ZIP **508 TIMBER BAY CIR. W**
OLDSMAR FL 34677

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-2002 727-593-3771

Date

Daytime Phone #

CR2E034 (9/01)