

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P97000014954**

1. Entity Name

KEN'S IRRIGATION SYSTEMS, INC.**FILED**
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90228 017 ***150.00

0645851 AV

Principal Place of Business

**57 CYPRESS DRIVE
PALM HARBOR FL 34684**

Mailing Address

**57 CYPRESS DRIVE
PALM HARBOR FL 34684**

DO NOT WRITE IN THIS SPACE

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 59-3429063		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	
LAVRICH, KENNETH 57 CYPRESS DRIVE PALM HARBOR FL 34684		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, 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LAVRICH, KENNETH 57 CYPRESS DR PALM HARBOR FL 34684 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LAVRICH, DEBORAH M 57 CYPRESS DR. PALM HARBOR FL 34684 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME 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 lines empowered.

SIGNATURE: **KENNETH J. LAVRICH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/01)

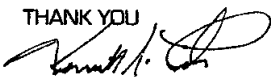
Attachment
Document #
P97000014954
B012684

06-20-02

DEAR SIR:

ON THIS DATE I HAVE JUST RECEIVED BACK MY PAPERWORK BACK FROM MY ACCOUNTANTS
OFFICE AND HAVE NOTICED THAT MY 2002 UNIFORM BUSINESS REPORT WAS NOT MAILED TO YOU
AS IT SHOULD HAVE BEEN BACK IN FEBRUARY 2002. PLEASE EXCUSE THIS LATENESS FOR WHICH
IT WAS OUT OF MY CONTROL AND IN MY ACCOUNTANTS POSSESSION IT WONT HAPPEN AGAIN.

THANK YOU


KENNETH LAVRICH