2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000014954

1. Entity Name

SIGNATURE:

KEN'S IRRIGATION SYSTEMS, INC.



Jul 17, 2003 8:00 am Secretary of State 07-17-2003 90037 048 ***150.00

Process Proce of Bluerous South Assess PALM HARBOR R. 34694 2. Principal Placo of Bluerous South April A. Hall	•							7					
Suite, Apt. II. etc. Suite, Apt. II. etc. Suite, Apt. II. etc. General Suite, Apt. III. General Apr. III. General Suite, Apt. III. General Suite, Apt. III. General Suite, Apt. III. General Suite, Apt. III. General Apr. III. General Suite, Apt. III. General Suite, Apt. III. General Suite, Apt. III. General Suite, Apt. III. General Apr. III. General Suite, Apt. III. General	57 CYPRESS DRIVE			57 (57 CYPRESS DRIVE				C 1880/ACC 170 (180) (180) 180/C 180/C	1 111 1115 1 11	i ii 91119 (1)1	1 81111 818 1 1 98 1	
City & State Country Country S. Certificate of Status bearind S. Replication S. Name and Address of Current Registered Agent I Name Street Address of New Registered Agent City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code S. The aboven named entry submits this statement for the purpose of changing its registered affice or registered apent, or both, in the State of Florids, it am familiar with, and accept the obligations of registered Signer. SIGNATURE Signers special princed amps in registered signer. Signature special special of Prince Signers and accepts in the Signature special princed amps in registered signer. Signature special special special of Prince Signature special special of Prince Signature special special of Prince Signature special special special of Prince Signature special special special special of Prince Signature special speci	2. Principal Place of Business				3. Mailing Address								
The Application Septiment	Suite, Apt.	#, etc.		Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country Zip Country S. Certificate of Status Desired \$8.75 Actificate S. Renormal S. R	City & State	e		City	City & State			4.	197.14798 15.1				
LAVRICH, KENNETH 57 CYPRESS DRIVE PALM HARBOR FL 34884 City FL Zip Code	Zip Country			Zip		itry	5.	Certificate of Status Desired		8.75 Add	ditional	1	
LAYRICH, KENNETH 57 CYPRESS DRIVE PALM HARBOR FL 34684 Cay FL Zip Code 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2003 Fee will be 3550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 1.1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1. About In a Change Addition Change Change Addition Change Addition Change Addition Change Change Change Change Change Addition Change Change Addition Change		6. Name	and Address of Current	Register	egistered Agent			7.	<u></u>				
STO CYPRESS DRIVE PALIM HARBOR FL 34684 City FL Zip Code Code Code Code City FL Zip Code							 						
City FL Zip Code					Street Address			(P.O. I	(P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	PALM HA	RBOR FL 3	4684										1
THE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. THE NAME SIFET ADDRESS OUTY-ST-2P NAME DOPS LAVRICH, DEBORAH M 57 CYPRESS DR PALM HARBOR FL 34884 THE Delete Delete THE Delete THE NAME SIFET ADDRESS OUTY-ST-2P SIFE ADDRESS OUTY-ST-2P SIFET ADDRESS OUTY-ST-2P SIFE ADDRESS OUTY-ST-2P SIF							City			FL	Zip Cod	le	
SIGNATURE Sprature, typed or priesd name of registered agent and title if applicable. (NOTE: Registered Agent signature required wron reinfatting) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIRETTADRESS CITY-ST-2P TITLE UAVRICH, KENNETH STREET ADDRESS CITY-ST-2P TITLE UAVRICH, DEBORAH M STREET ADDRESS CITY-ST-2P TITLE UAVRICH, DEBORAH M STREET ADDRESS CITY-ST-2P TITLE UNAME SIRETT ADDRESS CITY-ST-2P TITL	the obligations of registered agent.												
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE												
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET	After May 1, 2003 Fee will be \$550.00				State			₩.,	9. Election Campaign Finance	ing			1
NAME SIREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 DPS LAVRICH, DEBORAH M STREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP LAVRICH, DEBORAH M ST CYPRESS DR SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME	10.		OFFICERS AND	DIRECTO	DRS	11.		AI	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	1
STREET ADDRESS CITY-ST-ZP TITLE DVPS LAVRICH, DEBORAH M STREET ADDRESS CITY-ST-ZP PALM HARBOR FL 34684 DVPS LAVRICH, DEBORAH M STREET ADDRESS CITY-ST-ZP PALM. HARBOR FL 34684 Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	TITLE	DPT			☐ Delete	TITL	E .]	Change	Addition	1 8
CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP TITLE LAVRICH, DEBORAH M 57 CYPRESS DR. PALM. HARBOR FL 34684 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREY ADDRES						NAM	E (13
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	· - 1						I						2
NAME STREET ADDRESS CITY-ST-ZIP PALM: HARBOR. FL. 34884 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST			IDOIT I E STOOT		[] N.J.++	┫—							<u>ا</u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CIT	i		DEBORAH M		L Delete	•	1			ı	Change	Modition	15
CITY-ST-ZIP PALM.HARBOR.FL.34684 CITY-ST-ZIP TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS	STREET ADDRESS					STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change ADDRESS CI	CITY-ST-ZIP	PALM.HAI	RBOR FL 34684			CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	TITLE				☐ Delete	TITLE				[Change	Addition	7
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							l l						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1						1						}
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THEREBY Certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes further certify that the information		<u> </u>			□ Dolate						T Change	☐ Addition	┪
CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD	1				□ Detete		}			L	Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME	STREET ADDRESS					STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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	CITY-ST-ZIP					CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THE DELETE TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes further certify that the information	TITLE				☐ Delete	TITLE	:				Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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	ſ				•								
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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							ı						}
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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						4					7 05	[] Ad. (01	-
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 12. Thereby 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	,				₩ Delete	•	l l			ı	_1 unange	L_I Addition	
CITY-ST-ZIP 12. Thereby 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)						-
12. Thereby 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 port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	CITY-ST-ZIP						1						-
	12. I hereby coindicated of the corp	ertify that the on this report poration or th	information supplied with or supplemental report is e receiver or trustee expo	this filing true and owered to	does not qualify for accurate and that nexecute this port	the exe ly signat as requir	mption stated in S ure shall have the red by Chapter 60	Section same 07, Flor	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath; ida Statutes; and that my name ap	her certify that I am pears in B	that the ir an officer Block 10 or	nformation or director Block 11 if	

MUIRED

OF SIGNING OFFICER OR DIRECTOR