

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018566

1. Entity Name

AUSTIN IRRIGATION SERVICES, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90034 035 \*\*\*550.00

Principal Place of Business

RT 1 BOX 12  
 DEEN ROAD  
 BUNNELL FL 32110

Mailing Address

PO BOX 849  
 BUNNELL FL 32110

2. Principal Place of Business

4801 Highway U.S. 1

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bunnell FL

City & State

Zip

32110

Country

Zip

Country

4. FEI Number

52-2025036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GUNTARP, PAUL M JR, ESQ  
 185 CYPRESS POINT PKWY., STE. 6  
 SUITE B  
 PALM COAST FL 32137

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE D ☐ Delete  
 NAME SCHATZ, EDWARD E JR  
 STREET ADDRESS 17 EVANSVILLE LANE  
 CITY-ST-ZIP PALM COAST FL 32137

TITLE D ☐ Delete  
 NAME WALKER, BRIAN MARK  
 STREET ADDRESS 48 ELIAS DRIVE  
 CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME E Schatz, Edward E Jr  
 STREET ADDRESS 14 Sailfish Dr  
 CITY-ST-ZIP Palm Coast FL 32137

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 like empowered.

SIGNATURE:

*Gil Schatz* REQUIRED

8.21.00

Date

Daytime Phone #

CR2E034 (5/00)