

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 JAN 29 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # *P97000039934*

1. Entity Name  
*Irritech Irrigation, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*2914 NW 11th St.*  
Suite, Apt. #, etc.

3. Mailing Address  
*2914 NW 11th St.*  
Suite, Apt. #, etc.

**REINSTATEMENT 03-04**  
DO NOT WRITE IN THIS SPACE

City & State  
*Cape Coral FL.*  
Zip  
*33993*  
Country  
*USA*

City & State  
*Cape Coral, FL.*  
Zip  
*33993*  
Country  
*USA*

4. FEI Number  
*65-0757349*  Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Marc Le Meola*  
Street Address (P.O. Box Number is Not Acceptable)  
*2914 NW 11th St.*  
*Cape Coral*  
City  
*FL* Zip Code  
*33993*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marc Le Meola* DATE *1.26.04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Marc Le Meola 2914 NW 11th St. Cape Coral, FL. 33993</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Kim Meola 249 SW 3rd Terr Cape Coral, FL. 33991</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>800027893888 01/29/04--01064--025 **300.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marc Le Meola* DATE *1.26.04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*239-772-7733*

CRZE034B (12/02)