

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90160 026 \*\*\*150.00

**DOCUMENT # P97000070094**

1. Entity Name

**HEADS UP IRRIGATION, INC.**

Principal Place of Business

Mailing Address

**3300 NORTH STATE ROAD 7  
BOX H679  
HOLLYWOOD FL 33021**

**3300 NORTH STATE ROAD 7  
BOX H679  
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

**7741 Indigo St**  
Suite, Apt. #, etc.

**7741 Indigo St**  
Suite, Apt. #, etc.

City & State

City & State

**Miramar, FL.**

**Miramar, FL.**

Zip

Country

Zip

Country

**33023 U.S.A.**

**33023 U.S.A.**

4. FEI Number

**65-0774958**

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

**ROSENBERG, ARTHUR R  
4875 NORTH FEDERAL HWY  
SEVENTH FLOOR  
FORT LAUDERDALE FL 33308**

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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD HARRITY, JOHN**  
STREET ADDRESS **7741 INDIGO STREET**  
CITY-ST-ZIP **MIRAMAR FL 33023**

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

TITLE ☐ Delete  
NAME **VD GRAUBART, DAVID**  
STREET ADDRESS **3300 N STATE RD 7, BOX H679**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE ☐ Delete  
NAME **SD COLINI, ROBERT**  
STREET ADDRESS **2161 NW 67TH AVE**  
CITY-ST-ZIP **SUNRISE FL 33317**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**David Graubart 1/7/02 (954) 963-7681**

CR2E034 (9/01)