

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90199 049 \*\*\*150.00

0164525 AV

**DOCUMENT # P97000070094**

**1. Entity Name**  
**HEADS UP IRRIGATION, INC.**



**Principal Place of Business**  
**7741 INDIGO ST**  
**MIRAMAR FL 33023**

**Mailing Address**  
**7741 INDIGO ST**  
**MIRAMAR FL 33023**

**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** **65-0774958**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



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

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**TITLE** **VD** ☒ Change ☐ Addition  
**NAME** **Graubart, David**  
**STREET ADDRESS** **5220 SW 8 CT.**  
**CITY-ST-ZIP** **Plantation, FL 33317**

**TITLE** **SD** ☐ Delete  
**NAME** **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** **TD** ☐ Change ☒ Addition  
**NAME** **Morrison, Raymond**  
**STREET ADDRESS** **15819 74 Street North**  
**CITY-ST-ZIP** **Loxahatchee, FL 33470**

**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**

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*John Harrity* **RETHARRITY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 2, 2003 (954) 963-7681**

Date Daytime Phone #

CR2E034 (10/02)