

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085208

1. Entity Name

WEST FLORIDA IRRIGATION AND LANDSCAPING, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 2:42

Principal Place of Business

4116 N. FORBES RD.  
PLANT CITY FL 33566

Mailing Address

4116 N. FORBES RD.  
PLANT CITY FL 33566

2. Principal Place of Business

3315 MUD LAKE ROAD

3. Mailing Address

3315 MUD LAKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

02

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

4. FEI Number

59-3469670

Applied For

Not Applicable

Zip

33567

Country

USA

Zip

33567

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUDAH, TERRI P  
4116 N. FORBES RD.  
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name ROBERT L. JUDAH

Street Address (P.O. Box Number is Not Acceptable)

3315 MUDLAKE RD

City PLANT CITY

FL

Zip Code 33567

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]* ROBERT L. JUDAH

10-27-00

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 OWENS, ROBERT W  
STREET ADDRESS 4116 N. FORBES RD.  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D ☐ Delete  
NAME JUDAH, TERRI P  
STREET ADDRESS 4116 N. FORBES RD.  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D ☐ Delete  
NAME ROBERT L. JUDAH  
STREET ADDRESS 3315 MUDLAKE RD  
CITY-ST-ZIP PLANT CITY, FL 33567

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  
STREET ADDRESS 700003480407-3  
CITY-ST-ZIP -11/30/00-01015-013  
\*\*\*750.00 \*\*\*750.00

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

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

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

TITLE ☐ Change ☐ Addition  
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]* ROBERT L. JUDAH

10-27-00

813 7546448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)