

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970001.071-19

1. Entity Name

C&W PUMP & IRRIGATION, INC.

FILED

May 12, 2001 8:00 am  
Secretary of State

05-12-2001 90039 002 \*\*\*150.00

Principal Place of Business

1767 SOUTH PATRICK DRIVE  
INDIAN HARBOR BEACH FL 32937

Mailing Address

1767 SOUTH PATRICK DRIVE  
INDIAN HARBOR BEACH FL 32937

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 59-3486926

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

DOUGHERTY, JOYCE K  
1767 SOUTH PATRICK DRIVE  
INDIAN HARBOR BEACH FL 32937

Name David J. Dougherty  
Street Address (P.O. Box Number is Not Acceptable) 1767 South Patrick Drive  
City Indian Harbour Beach FL Zip Code 32937

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 *David J. Dougherty* David J. Dougherty Director 4.30.01  
Signature, typed or printed name of registered agent and business (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, 2001 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 D ☒ Delete  
NAME DOUGHERTY, JOYCE K  
STREET ADDRESS 2187 KING RICHARD ROAD  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D ☐ Delete  
NAME DOUGHERTY, DAVID J  
STREET ADDRESS 2187 KING RICHARD ROAD  
CITY-ST-ZIP MELBOURNE FL 32935

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

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

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 *David J. Dougherty* David J. Dougherty 4.30.01 (321) 779-4864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)