

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM  
Secretary of State

DOCUMENT # P98000011405

1. Entity Name  
IDS IRRIGATION CONTRACTORS, INC.

Principal Place of Business  
2638 NOVA DRIVE  
APOPKA FL 32703

Mailing Address  
2638 NOVA DRIVE  
APOPKA FL 32703

2. Principal Place of Business  
1120 PEBBLE BEACH CT.

3. Mailing Address  
1120 PEBBLE BEACH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
APOPKA FL

City & State  
APOPKA FL

Zip  
32712

Zip  
32712

4. FEI Number  
59-3079246

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CORNIBERT MARCEL A  
2638 NOVA DRIVE  
APOPKA FL 32703

## 7. Name and Address of New Registered Agent

Name  
CORNIBERT MARCEL A  
Street Address (P.O. Box Number is Not Acceptable)  
1120 PEBBLE BEACH CT.  
City  
APOPKA FL Zip Code  
32712

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 \_\_\_\_\_ DATE 04/26/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	Delete
NAME	CORNIBERT MARCEL A	<input type="checkbox"/>
STREET ADDRESS	2638 NOVA DRIVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	Change	Addition
NAME	CORNIBERT MARCEL A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	1120 PEBBLE BEACH CT.		
CITY-ST-ZIP	APOPKA FL 32712		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Marcel A. Cornibert

Pres 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)