

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000011405**

1. Entity Name
IDS IRRIGATION CONTRACTORS, INC.

FILED

Apr 26, 2001 08:00 AM
Secretary of State

Principal Place of Business		Mailing Address	
2638 NOVA DRIVE APOPKA 32703		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 32712		City & State APOPKA FL Zip 32712	
Zip 32712	Country	Zip 32712	Country

4. FEI Number 59-3079246	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORNIBERT MARCEL A 2638 NOVA DRIVE APOPKA 32703		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 _____
Signature, typed or printed name of registered agent and title if applicable.

04/26/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	D CORNIBERT MARCEL A 2638 NOVA DRIVE APOPKA FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNIBERT MARCEL A 1120 PEBBLE BEACH CT. APOPKA FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 04/26/2001

Date

Daytime Phone #

CR2E034 (11/00)