

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90407 045 \*\*\*150.00

**DOCUMENT # P98000027101**

1. Entity Name

**G & R IRRIGATION, LANDSCAPING AND LAWN CARE, INC**

Principal Place of Business

Mailing Address

**340 HULA CIRCLE  
 MERRITT ISLAND FL 32953**

**PO BOX 540745  
 MERRITT ISLAND FL 32954**

2. Principal Place of Business

**1375 ANCHOR LE.**

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MERRITT ISLAND, FLA**

City & State

4. FFI Number **59-3501745**

Applied For

Not Applicable

Zip

**32952**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SUMNER, DAVID A DAVID  
 340 HULA CIRCLE  
 MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

**ROBERT J. JACKSON  
 1375 ANCHOR LN**

**MERRITT ISLAND**

**32952**

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.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SUMNER, DAVID A	
STREET ADDRESS	340 HULA CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	SUMNER, MARY	
STREET ADDRESS	3137 WINCHESTER DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ROBERT J	
STREET ADDRESS	1375 ANCHOR LN	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE A. JACKSON	
STREET ADDRESS	1375 ANCHOR LN	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANNE M NIEMCZYK	
STREET ADDRESS	1375 ANCHOR LN	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID A. SUMNER**

**4-10-01**

**321-508-1010**

Date

Document Number

CR2E034 (10/00)