

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91515 013 ***150.00

DOCUMENT # P98000076704

1. Entity Name
BARR-NONE IRRIGATION COMPANY

Principal Place of Business
11110 W. OAKLAND PARK BLVD. #225
SUNRISE FL 33351

Mailing Address
11110 W. OAKLAND PARK BLVD. #225
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

5702 S. FLAMINGO ROAD

5702 S. FLAMINGO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2602

#2602

City & State

City & State

FT. LAUDERDALE, FL

Zip
33330

Country
USA

Zip
33330

Country

4. FEI Number **65-0863048**

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

GLASSMAN, LEE D
1133 S. UNIVERSITY DR., STE. 211
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Scott Barr* **PRESIDENT**

4/29/02

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 \$150.00
After May 1, 2002 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 **DPT** Delete
 NAME **BARR, SCOTT**
 STREET ADDRESS **11110 W. OAKLAND PARK BLVD. #225**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VS** Delete
 NAME **BARR, SCOTT**
 STREET ADDRESS **11110 W. OAKLAND PARK BLVD. #225**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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: *Scott Barr* **SIGNATURE REQUIRE PRESIDENT**

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0245707 AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE