

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

5722 S. FLAMINGO ROAD

5722 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

DO NOT WRITE IN THIS SPACE

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Scott Barr **SIGNATURE REQUIRED PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

CR2E034 (9/01)