

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90028 011 ***150.00

DOCUMENT # P98000097064

1. Entity Name
IRRIGATION & LANDSCAPE SERVICES, INC.

Principal Place of Business

**3270 CANOE CREEK RD.
ST. CLOUD FL 34772**

Mailing Address

**3270 CANOE CREEK RD.
ST. CLOUD FL 34772**

2. Principal Place of Business

5299 HARKLEY RUNYAN RD

Suite, Apt. #, etc.

3. Mailing Address

5299 HARKLEY RUNYAN RD

Suite, Apt. #, etc.

City & State

ST. CLOUD FL

City & State

ST. CLOUD FL

4. FEI Number

59-3543832

Applied For

Not Applicable

Zip

34771

Country

USA

Zip

34771

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROUGHTON, MIKE
3270 CANOE CREEK RD.
ST. CLOUD FL 34772**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5299 HARKLEY RUNYAN ROAD

City

ST. CLOUD

FL

Zip Code

34771

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, printed name of registered agent and title if applicable.

MIKE BROUGHTON

(NOTE: Registered Agent signature required when reinstating)

4/15/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BROUGHTON, MIKE	
STREET ADDRESS	3270 CANOE CREEK RD.	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROUGHTON, JANE	
STREET ADDRESS	3270 CANOE CREEK RD.	
CITY-ST-ZIP	ST. CLOUD FL 34772	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5299 HARKLEY RUNYAN ROAD	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5299 HARKLEY RUNYAN ROAD	
CITY-ST-ZIP	ST. CLOUD FL 34771	
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:

JANE BROUGHTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/02

Daytime Phone #

**407
908 6370**

CR2E034 (9/01)