

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90954 004 ***150.00

DOCUMENT # P99000020252

1. Entity Name

CARSON'S IRRIGATION, INC.

Principal Place of Business

**13 ZIEGLER PLACE
PALM COAST FL 32164**

Mailing Address

**P O BOX 1137
BUNNELL FL 32110**

2. Principal Place of Business

400 South Bay Street

3. Mailing Address

PO Box 1137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bunnell FL

City & State

Bunnell FL

Zip

32110

Country

FLAGLER

Zip

32110

Country

FLAGLER

6. Name and Address of Current Registered Agent

4. FEI Number **59-3569012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**CARSON, SR, WILLIAM DELL
209 PIERCE AVE
DAYTONA BEACH FL 32114**

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

WILLIAM D. CARSON SR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

William D Carson Sr. 3/30/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CARSON, SR, WILLIAM DELL	209 PIERCE AVE	DAYTONA BEACH FL 32114	<input type="checkbox"/>

VP	CARSON, CLAYTON L	209 PIERCE AVE	DAYTONA BEACH FL 32114	<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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:

William D Carson Sr. William D CARSON Sr 3/30/01 904-437-7750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)