## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000036749** Feb 28, 2000 8:00 am **Secretary of State** TURF IRRIGATION PRODUCTS, INC. 02-28-2000 90020 007 \*\*\*150.00 Principal Place of Business Mailing Address 1640 ADSTRALIAN AVE 1640 AUSTRALIAN AVE RIVIERA BEACH EL 33404-5306 RIVIERA BEACH FL 33404 INVESTMENT WHILE THUESTMENT LANDSIING ACTO 65 DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. 1244 BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DEBORAH AVIS KAH, GARL L. G III-THURST WERT TOTAL 1640 AUSTRALIAN AVE RIVIERA BEACH FL 33404 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. 1-12-2006 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Addition PST ☐ Change Delete TITLE TITLE KAH, CARL L. C III NAME NAME 1640 AUSTRALIAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP president / director ☐ Change Addition TITLE NAME GAETCHEN MARX 3765 INVESTMENT LANE, RIVIERA PLANTIPE STREET ADDRESS CITY-ST-ZIP UWE PRESIDENT / DIRECTOR ☐ Change Addition TITLE NAME NAME DODOPAH AVIS STREET ADDRESS 3765 INVESTMENT LANE, PHVICH CITY-ST-ZIP ☐ Change ☐ Addition TREASURDE NAME NAME MARY KOSSACK STREET ADDRESS US INVESTMENT LAND, PLUIDAS BEACH, CITY-ST-ZIP ☐ Addition ☐ Change SECHETARY TITLE NAME TANC BENOIST 3765 INVESTMENT LANE, DIVIGRATI DE ACH, FL 33404 STREET ADDRESS CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS

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 required 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 in changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR