

2001 UNIFORM BUSINESS REPORT (UBR)

30418

DOCUMENT # P99000041449

1. Entity Name

AMERICAN IRRIGATION SALES, INC.

FILED

01 OCT -2 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 620 DUNDEE ROAD SUITE D DUNDEE FL 33838	Mailing Address 620 DUNDEE ROAD SUITE D DUNDEE FL 33838 PO Box 1745 DUNDEE, FL 33838
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT

4. FEI Number 65-0916576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOWAK, MARISHA 620 DUNDEE ROAD SUITE D DUNDEE FL 33838 1035 Chalet Suzanne Rd LAKE WALES, FL 33859	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400004641364--0 -10/18/01--01065--007 City ****750.00 FL ****750.00
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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 Marisha Nowak
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D, P NOWAK, MARISHA 620 DUNDEE ROAD STE D DUNDEE FL 33838 1035 Chalet Suzanne Rd LAKE WALES, FL 33859	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP LS 1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Marisha Nowak 3/15/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)