

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90303 026 ***150.00

DOCUMENT # P99000044210

1. Entity Name

HURST IRRIGATION, INCORPORATED

Principal Place of Business

**5530 PINKNEY AVE
SARASOTA FL 34233**

Mailing Address

**PO BOX 5552
SARASOTA FL 34277**

2. Principal Place of Business

5012 N. Lockwood Ridge Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

34234

Country

Zip

Country

4. FEI Number **65-0920467**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MEADOR, DONNA
3210 E. AVE. SOUTH
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

Meador, Donna

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

5012 N. Lockwood Ridge Road

City

Sarasota

FL

Zip Code

34234

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

Donna Meador**DONNA MEADOR****1-27-01**

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, 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	PD	<input type="checkbox"/> Delete
NAME	MEADOR, DONNA	
STREET ADDRESS	3210 E. AVE. SOUTH	
CITY-ST-ZIP	SARASOTA FL 34239	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HURST, THOMAS	
STREET ADDRESS	5202 19TH ST. W.	
CITY-ST-ZIP	BRADENTON FL 34207	

TITLE	STD	<input type="checkbox"/> Delete
NAME	MEADOR, JERRY	
STREET ADDRESS	3210 E. AVE. SOUTH	
CITY-ST-ZIP	SARASOTA FL 34239	

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	5012 N. Lockwood Ridge Rd.	
CITY-ST-ZIP	Sarasota FL 34234	

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5012 N. Lockwood Ridge Rd.	
CITY-ST-ZIP	Sarasota FL 34234	

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:

Donna Meador DONNA MEADOR**1-27-01****941-358-8847**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)