2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000059765**

Country

REYNOLDS, LAWRENCE

300 STATE BOULEVARD KISSIMMEE FL 34741

9. This corporation is eligible to satisfy its Intangible

REYNOLDS, LAWRENCE

300 STATE BOULEVARD

KISSIMMEE FL 34741

Tax filing requirement and elects to do so.

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIE

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP TITI F

CITY-ST-7IP

(See criteria on back)

E.C.L.M. IRRIGATION, INC.

Principal Place of Business	Mailing Address	
300 STATE BOULEVARD KISSIMMEE FL 34741	300 STATE BOULEVARD KISSIMMEE FL 34741-1129	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

Country

¿FILE NOW!!! FEE IS \$150.00- -

12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

After MAY 1, 2000 Fee will be \$550.00

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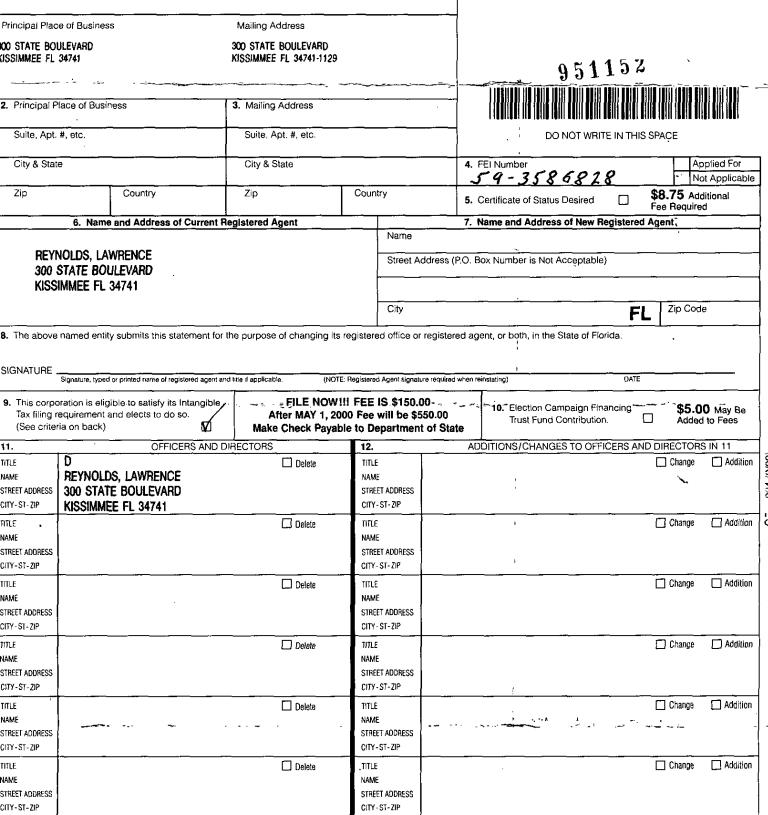
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Name

City

May 05, 2000 8:00 am Secretary of State

05-05-2000 90016 028 ***150.00



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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR