## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State P99000110261 **DOCUMENT #** 1. Entity Name 04-18-2002 90458 017 \*\*\*150.00 STAHLMAN-ENGLAND IRRIGATION, INC. Mailing Address Principal Place of Business 2063 TRADE CENTER WAY 2063 TRADE CENTER WAY NAPLES FL 34109-6244 NAPLES FL 34109-6244 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3614806 Not Applicable \$8,75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD #101 FT MYERS FL 33907 Zip Code City 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. SIGNĀTURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE PTD ☐ Delete TITLE NAME NAME ENGLAND, JAMES H STREET ADDRESS 3283 ALEX FINDLAY PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP \_\_\_ Change ☐ Addition ☐ Delete TIT! F TITLE VSD STAHLMAN, MARK NAME STREET ADDRESS STREET ADDRESS 7038 OAKMONT PKWY CITY-ST-ZIP CITY-ST-ZIF NAPLES FL 34108 ☐ Change Addition □-Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not quality 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.

FILED