

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000110699

1. Entity Name

KEEP IT GREENE IRRIGATION INC

FILED

02 MAY 21 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

631 12<sup>th</sup> AVE. N.W.

3. Mailing Address

P.O. Box 8644

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0533710

☒ Applied For  
☐ Not Applicable

Zip

34120

Country

Collier

Zip

34101

Country

Collier

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN GREENE

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

P.O. Box 8644 / 631 12<sup>th</sup> AVE. N.W.

City

NAPLES

FL

Zip Code

34120

**DO NOT WRITE  
IN THIS SPACE**

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

JOHN GREENE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-6-02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DEBORAH J. GREENE 631 12 <sup>th</sup> AVE. NW / P.O. Box 8644 NAPLES, FL 34101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005678231--0 -06/04/02--01061--030 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN GREENE - OWNER 631 12 <sup>th</sup> AVE. NW / P.O. Box 8644 NAPLES, FL 34101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005678231--0 -06/04/02--01061--031 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005678231--0 -06/04/02--01061--032 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN GREENE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN GREENE

Date

Daytime Phone #

(941) 353.3705

CR2E034B (12/01)