

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90046 024 ***150.00

DOCUMENT # S75272

1. Entity Name

CUSTOM IRRIGATION REPAIR, INC.

Principal Place of Business

P.O. BOX 2402

WINTER PARK FL 32790

Mailing Address

P.O. BOX 2402

WINTER PARK FL 32790

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3081868

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMERSON, ERIC
6340 RIDGEBERRY DR
ORLANDO FL 32819

Name

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

City

FL

Zip Code

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EMERSON, ERIC**
CITY-ST-ZIP **6340 RIDGEBERRY DR**
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME **Eric Emerson**
STREET ADDRESS **511 Granada Dr.**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **EMERSON, ALTON F SR**
CITY-ST-ZIP **6340 RIDGEBERRY DR**
ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BRYAN, SERENA**
CITY-ST-ZIP **511 GRANADA DR**
WINTER PARK FL 32789

TITLE ☒ Change ☐ Addition
NAME **Serena Emerson**
STREET ADDRESS **Same address**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Jerry Price**
STREET ADDRESS **5181 Cindalane Pkwy Apt 1014**
CITY-ST-ZIP **Orlando, FL 32808 Director**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)