

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87234

1. Entity Name

SKIDMORE IRRIGATION INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90406 004 ***550.00

Principal Place of Business

12950 SOUTHEAST 120TH ST.
 OCKLAWAHA FL 32179

Mailing Address

12950 SOUTHEAST 120TH ST.
 OCKLAWAHA FL 32179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3088894

Applied For

Not Applicable

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

SKIDMORE, WILLARD R.
 12950 S.E. 120TH STREET
 OCKLAWAHA FL 32179

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME SKIDMORE, WILLARD R.
 STREET ADDRESS 12950 SE 120TH ST.
 CITY-ST-ZIP OCKLAWAHA FL

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

TITLE VD ☐ Delete
 NAME ROBINSON, LEWIS K.
 STREET ADDRESS 11100 SW 128TH PL. RD.
 CITY-ST-ZIP OCKLAWAHA FL

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

TITLE STD ☐ Delete
 NAME ROBINSON, TAMMY J.
 STREET ADDRESS 11100 SW 128TH PL. RD.
 CITY-ST-ZIP OCKLAWAHA FL

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

TITLE D ☐ Delete
 NAME SKIDMORE, JOANNE
 STREET ADDRESS 12950 S.W. 120TH ST.
 CITY-ST-ZIP OCKLAWAHA FL

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

TITLE D ☐ Delete
 NAME SKIDMORE, RENIX E.
 STREET ADDRESS 12950 S.W. 120TH ST.
 CITY-ST-ZIP OCKLAWAHA FL

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

TITLE D ☐ Delete
 NAME HEATON, VICKY L
 STREET ADDRESS 12959 SE 120 ST
 CITY-ST-ZIP OCKLAWAHA FL

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:

Willard R. Skidmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)