

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00573

1. Entity Name

ADVANCED IRRIGATION, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90293 038 ***158.75

Principal Place of Business

P.O. BOX 2896
JUPITER FL 33468-2896
US

Mailing Address

P.O. BOX 2896
JUPITER FL 33468-2896

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FLANNERY, STEPHEN P
3 PALM PT DRIVE
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

William N. Frazier

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

306 4th Street

City

Jupiter

Zip Code

33458

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]

William N. Frazier P

4/21/01

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

(NOTE: Registered Agent signature required when re-registering)

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 \$180.00
After MAY 1, 2001 Fee will be \$650.00
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FLANNERY, STEPHEN P	
STREET ADDRESS	3 PALM POINT DR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, WILLIAM	
STREET ADDRESS	306 4TH ST.	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM N. FRAZIER	
STREET ADDRESS	306 4th Street	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENNER FRAZIER	
STREET ADDRESS	306 4th Street	
CITY-ST-ZIP	Jupiter FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I've empowered.

SIGNATURE:

[Signature]

William N. Frazier P

4/21/01

561-845-1834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)