

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90065 008 ***158.75

DOCUMENT # **V00573**

1. Entity Name
ADVANCED IRRIGATION & LANDSCAPING, INC.

Advanced Irrigation, Inc.



Principal Place of Business
**1721W 10 TH STREET
WEST PALM BEACH FL 33404
US**

Mailing Address
**1721W 10 TH STREET
WEST PALM BEACH FL 33404
US**

2. Principal Place of Business

153 Juno Street

Suite, Apt. #, etc.

3. Mailing Address

153 Juno Street

Suite, Apt. #, etc.

City & State

Jupiter FL.

City & State

Jupiter FL.

4. FEI Number

65-0295794

Applied For

Not Applicable

Zip

Country

33458

Palm Beach

Zip

Country

33458

Palm Beach

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

**FLANNERY, STEPHEN P
3 PALM POINT DRIVE
JUPITER FL 33458**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FLANNERY, STEPHEN P**
STREET ADDRESS **3 PALM POINT DRIVE**
CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE/President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 561-741-0015

Date

Daytime Phone #

CR2E034 (10/02)