

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467536

1. Entity Name

GARDINIER FLORIDA CITRUS, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90737 001 ***300.00

Principal Place of Business

10 SARASOTA CENTER BLVD.
SARASOTA FL 34240

Mailing Address

10 SARASOTA CENTER BLVD.
SARASOTA FL 34240

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

59-1569099

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

GARDINIER, STEPHANE
10 SARASOTA CTR. BLVD
SARASOTA FL 34240

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 D
NAME GARDINIER, XAVIER
STREET ADDRESS 10 SARASOTA CTR. BLVD.
CITY-ST-ZIP SARASOTA FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE DS
NAME GARDINIER, LAURENT
STREET ADDRESS 10 SARASOTA CENTER BLVD
CITY-ST-ZIP SARASOTA FL



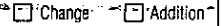
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE P
NAME GARDINIER, STEPHANE
STREET ADDRESS 10 SARASOTA CTR. BLVD.
CITY-ST-ZIP SARASOTA FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE DT
NAME GARDINIER, THIERRY
STREET ADDRESS 10 SARASOTA CENTER BLVD
CITY-ST-ZIP SARASOTA FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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 Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/2002 1(941) 378-1794

CR2E034 (9/01)