

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90087 048 ***550.00

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DOCUMENT # 689898

1. Entity Name
BARNES CITRUS, INC.



Principal Place of Business
**921 VIRGINIA DR
WINTER PARK FL 32789**

Mailing Address
**921 VIRGINIA DR
WINTER PARK FL 32789**

80130046



2250 Sixth Street 2250 Sixth St.

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.
VERO Beach, FL
City & State
FLORIDA

Suite/Apt. #, etc.
VERO Beach FL
City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2127986**

Applied For
Not Applicable

Zip **32962** Country **USA**

Zip **32962** Country **USA**

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

**BARNES, GLEN A
921 VIRGINIA DR
WINTER PARK FL 32789**

Name **Ralph Nelson**

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

2250 Sixth St.

City **VERO Beach** FL Zip Code **32962**

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 **Ralph Nelson**

7/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PT BARNES, GLEN A 921 VIRGINIA DR WINTER PARK FL 32789	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON, RALPH 2250 6TH STREET VERO BEACH FL 32962	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNES, GLEN A, JR 130TH AVE. VERO BEACH FL 32968	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: **Steph ATL Nelson** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03

Date

772 473-2620

Daytime Phone #

CR2E034 (4/03)