

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90090 031 \*\*\*\*61.25

**DOCUMENT # 717353**

1. Entity Name

**CITA, INC.**

Principal Place of Business

**2330 JOHNNY ELLISON DR  
 MELBOURNE FL 32901-5553  
 US**

Mailing Address

**P O BOX 2185  
 MELBOURNE FL 32902-185  
 US**

**C0006219**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1273570**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ELLISON, DANIEL G**

**730 BALLARD DR  
 MELBOURNE FL 32935**

**2289 Ohio Street  
 West Melbourne FL  
 32904 6144**

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **GUINN, WAYNE**  
 CITY-ST-ZIP **3675 WHISPERWOOD CR  
 MELBOURNE, FL 00000**

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

TITLE ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **ELLISON, JEFFREY R**  
 CITY-ST-ZIP **163 ATLANTIC AVE  
 INDIALANTIC FL 32903**

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

TITLE ☐ Delete  
 NAME **DS**  
 STREET ADDRESS **ELLISON, HELEN M**  
 CITY-ST-ZIP **210 E. UNIVERSITY BLVD, APT. 8  
 MELBOURNE FL 32901**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **WEBB, WILLIAM**  
 CITY-ST-ZIP **619 W. ESPANOLA WAY  
 MELBOURNE FL**

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

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **ELLISON, DANIEL G.**  
 CITY-ST-ZIP **730 BALLARD DRIVE  
 MELBOURNE FL 32935**

TITLE ☒ Change ☐ Addition  
 NAME **2289 Ohio Street**  
 STREET ADDRESS **West Melbourne FL 32904 6144**  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **DV**  
 STREET ADDRESS **ELLISON, JOHN S**  
 CITY-ST-ZIP **712 JOHN CARROLL AVE  
 WEST MELBOURNE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 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 617, 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:

**Helen M. Ellison Sec. 1/6/01 (32) 724-2256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)