

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90013 006 ****61.25

DOCUMENT # 791117

1. Entity Name

CITRUS MARKETING SERVICES, INC.

Principal Place of Business

Mailing Address

3335 US 27 SOUTH
 SEBRING FL 33870
 US

PO BOX 1021
 SEBRING FL 33871
 US

601045



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

59-2067035

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

MCNORTON, GLORIA S
3335 US 27 SOUTH
SEBRING FL 33870

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: **D** Delete
 NAME: **SMITH, L.C. J**
 STREET ADDRESS: **11522 PAYNE ROAD**
 CITY-ST-ZIP: **SEBRING FL**

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

TITLE: **ST** Delete
 NAME: **BENTLEY, PATRICK T**
 STREET ADDRESS: **2600 OVERLOOK DRIVE**
 CITY-ST-ZIP: **WINTER HAVEN, FL 00000**

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

TITLE: **ST** Delete
 NAME: **MCNORTON, GLORIA S.**
 STREET ADDRESS: **5126 N. LAKE HUCKELBERRY DR.**
 CITY-ST-ZIP: **SEBRING FL**

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

TITLE: **P** Delete
 NAME: **SMITH, L.C. III**
 STREET ADDRESS: **2701 CHEYENNE RD**
 CITY-ST-ZIP: **SEBRING FL**

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

TITLE: **VD** Delete
 NAME: **WILSON, PAT**
 STREET ADDRESS: **33 EAST WALL STREET**
 CITY-ST-ZIP: **FROSTPROOF, FL 00000**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: 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 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: *Gloria S. McNorton* **GLORIA S. MCNORTON** 1-5-01 382-2187
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0057312

CR2E037 (10/00)