

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90021 007 ****61.25

DOCUMENT # 791117

1. Entity Name

CITRUS MARKETING SERVICES, INC.

Principal Place of Business

3335 US 27 SOUTH
 SEBRING FL 33870
 US

Mailing Address

PO BOX 1021
 SEBRING FL 33871
 US

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 **59-2067035**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

Gloria S. McNorton
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-10-02
 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	<input type="checkbox"/> Delete
NAME	SMITH, L.C. J	
STREET ADDRESS	11522 PAYNE ROAD	
CITY-ST-ZIP	SEBRING FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENTLEY, PATRICK T	
STREET ADDRESS	2600 OVERLOOK DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCNORTON, GLORIA S.	
STREET ADDRESS	5126 N. LAKE HUCKELBERRY DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, L.C. III	
STREET ADDRESS	2701 CHEYENNE RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, PAT	
STREET ADDRESS	33 EAST WALL STREET	
CITY-ST-ZIP	FROSTPROOF, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

VD
CLAY WILSON
33 WALL ST.
FROSTPROOF, FL. 33843

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 empowerment.

SIGNATURE:

Gloria S. McNorton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 863 382 2187
 Date Daytime Phone #

CR2E037 (9/01)