

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90110 045 \*\*\*\*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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2067035**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCNORTON, GLORIA S  
3335 US 27 SOUTH  
SEBRING FL 33870**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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 type="checkbox"/> Delete
NAME	CLAY, WILSON	
STREET ADDRESS	33 WALL STREET	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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: *SIGNATURE REQUIRED* / SECT / TREAS. 1-10-03 863 383

CR2E037 (10/02)