

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90258 019 ****61.25

DOCUMENT # **N02000000629**

1. Entity Name
CITIZENS FOR A TAX ROLLBACK, INC.



Principal Place of Business
**310 E. COLLEGE AVE.
TALLAHASSEE FL 32301**

Mailing Address
**310 E. COLLEGE AVE.
TALLAHASSEE FL 32301**

2. Principal Place of Business
P.O. Box 488
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 488
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
PAUM HARBOR, FL
Zip
34682
Country
U.S.A.

City & State
PAUM HARBOR, FL
Zip
34682
Country
U.S.A.

4. FEI Number
35 2159273
Applied For
 Not Applicable

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

**KILLINGER, LEE M
2508 BETTON WOODS DR.
TALLAHASSEE FL 32308**

Name
Cliff Walters
Street Address (P.O. Box Number is Not Acceptable)
802 11th St W.
City
Bradenton **FL** Zip Code
34205

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]*
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, CLIFF	
STREET ADDRESS	802 11TH ST. W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, WILLIAM A	
STREET ADDRESS	944 GENTIAN CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KILLINGER, LEE M	
STREET ADDRESS	2508 BETTON WOODS DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN M. MCKAY	
STREET ADDRESS	1001 3RD AVE. W. #470	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. J. LATVALA	
STREET ADDRESS	109 PHILLIPS WAY	
CITY-ST-ZIP	PAUM HARBOR, FL 34683	
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		

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 another file empowered.

SIGNATURE: *[Signature]*

4/28/03 727-772-8233

CR2E037 (10/02)