## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 18, 2002 8:00 am Secretary of State **DOCUMENT #** P00000042683 1. Entity Name 07-18-2002 90128 027 \*\*\*150.00 ABC CITRUS, INC. Principal Place of Business Mailing Address PO BOX 568885 PO BOX 568885 ORLANDO FL 32856-8885 ORLANDO FL 32856-8885 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3642752 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAWSON, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 1634 WATERWITCH DR ORLANDO FL 32806 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change NAME Addition DAWSON, WILLIAM L NAME STREET ADDRESS 1634 WATERWITCH DR STREET ADDRESS €ITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME \_\_\_Change\_\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

13. 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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ん

NAME

STREET ADDRESS

CITY-ST-7IP

Janson Pres 7/16/02 407-855-6478

☐ Change

☐ Addition

Attachment

<u>ABC Citrus Inc.</u>

Complete Marketing & Harvesting 705 Waltham Avenue, Orlando, FL 32809 Mailing Adress: P.O. Box 568885, Orlando, FL 32856-8885

July 16, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500

Tallahassee, FL 32302=1500

Ŕe: Document # P0000042683

Dear Sir or Madam:

I just received the 2002 Uniform Business Report for the above referenced account. I did not receive the prior notice.

I respectfully request that the State waive the late fee and accept the enclosed payment of \$150.00.

Your consideration of this will be greatly appreciated.

Sincerely,

William L. Dawson

President

Enclosure

Office: 407.855.6475 Home: 407.851.8298 Mobile: 407.257.1041

Fax:

407.855.5515

Nextel: 407.948.1111

Agnet: ag.net#42143 Email: abccitrus@aol.com