

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-09-2003 90034 004 ***150.00

DOCUMENT # P96000065933

1. Entity Name
H & M CITRUS, INC.



Principal Place of Business
**3152 BEAUCHAMP CT
WINTER HAVEN FL 33884**

Mailing Address
**3152 BEAUCHAMP CT
WINTER HAVEN FL 33884**

55052239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**WILLIAMS, ROBERT L JR.
225 E PARK AVE
LAKE WALES FL 33859**

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)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	MCTEER, HAROLD B	
STREET ADDRESS	3152 BEAUCHAMP CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884-1205	
TITLE	D	☐ Delete
NAME	MCTEER, MARY H	
STREET ADDRESS	3152 BEAUCHAMP CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884-1205	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ 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 607, 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:

Mary H. Mcteer
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-03 863-318-8558
Date Daytime Phone #

CR20034 (4/03)

Attachment

July 22, 2003

55052239
~~#~~ P96000065933

Florida Department of State
Annual Reports Section

Reference Number: P96000065933

I received a notice that the annual report/uniform business report has not been filed because I owe a late fee of \$400.00.

We did not receive the form to file until July, 2003. I filed as soon as I received that notice and wrote a letter explaining that we had not received any prior notice. We have always filed on time in the past and hope that you will waive the penalty charge of \$400.00 since we did not get the notice in time to file on time this year.

I thank you very much for your consideration in this matter.

Respectfully submitted,

Mary McPeer
Mary McPeer