

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90090 031 \*\*\*\*61.25

001 3762

**DOCUMENT # 717353**

1. Entity Name

**CITA, INC.**

Principal Place of Business

**2330 JOHNNY ELLISON DR  
 MELBOURNE FL 32901-5553  
 US**

Mailing Address

**P O BOX 2185  
 MELBOURNE FL 32902-185  
 US**

**C0006219**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1273570**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**ELLISON, DANIEL G**

~~730 BALLARD DR  
 MELBOURNE FL 32935~~

**2289 Ohio Street  
 West Melbourne FL  
 32904 6144**

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

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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE  Delete

**VD  
 GUINN, WAYNE  
 3675 WHISPERWOOD CR  
 MELBOURNE, FL 00000**

TITLE  Delete

**DV  
 ELLISON, JEFFREY R  
 163 ATLANTIC AVE  
 INDIALANTIC FL 32903**

TITLE  Delete

**DS  
 ELLISON, HELEN M  
 210 E. UNIVERSITY BLVD, APT. 8  
 MELBOURNE FL 32901**

TITLE  Delete

**T  
 WEBB, WILLIAM  
 619 W. ESPANOLA WAY  
 MELBOURNE FL**

TITLE  Delete

**PD  
 ELLISON, DANIEL G.  
 730 BALLARD DRIVE  
 MELBOURNE FL 32935**

TITLE  Delete

**DV  
 ELLISON, JOHN S  
 712 JOHN CARROLL AVE  
 WEST MELBOURNE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition

**NAME  
 STREET ADDRESS  
 CITY - ST - ZIP**

TITLE  Change  Addition

**NAME  
 STREET ADDRESS  
 CITY - ST - ZIP**

TITLE  Change  Addition

**NAME  
 STREET ADDRESS  
 CITY - ST - ZIP**

TITLE  Change  Addition

**NAME  
 STREET ADDRESS  
 CITY - ST - ZIP**

TITLE  Change  Addition

**NAME  
 STREET ADDRESS  
 CITY - ST - ZIP**

TITLE  Change  Addition

**NAME  
 STREET ADDRESS  
 CITY - ST - ZIP**

**2289 Ohio Street  
 West Melbourne FL 32904 6144**

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 empowered.

**SIGNATURE: *Helen M. Ellison* HELEN M. ELLISON, Ellison Sec. 1/6/01 (32) 724-2256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)