

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

0069462

**DOCUMENT # 717353**

1. Entity Name

**CITA, INC.**

01-22-2002 90007 003 \*\*\*\*61.25

|   |  |
|---|--|
| Principal Place of Business<br><b>2330 JOHNNY ELLISON DR<br/>MELBOURNE FL 32901-5553<br/>US</b> | Mailing Address<br><b>P O BOX 2185<br/>MELBOURNE FL 32902-185<br/>US</b> |
|---|--|



DO NOT WRITE IN THIS SPACE

|                                |                     |                    |         |
|--------------------------------|---------------------|--------------------|---------|
| 2. Principal Place of Business |                     | 3. Mailing Address |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |                    |         |
| City & State                   |                     | City & State       |         |
| Zip                            | Country             | Zip                | Country |

|   |   |  |
|---|---|--|
| 4. FEI Number<br><b>59-1273570</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |  |

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

**ELLISON, DANIEL G  
2289 OHIO STREET  
MELBOURNE FL 32904-6144**

**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.

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>GUINN, WAYNE<br/>3675 WHISPERWOOD CR<br/>MELBOURNE, FL 00000</b>               | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>ELLISON, JEFFREY R<br/>163 ATLANTIC AVE<br/>INDIALANTIC FL 32903</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DS<br/>ELLISON, HELEN M<br/>210 E. UNIVERSITY BLVD, APT. 8<br/>MELBOURNE FL 32901</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>WEBB, WILLIAM<br/>619 W. ESPANOLA WAY<br/>MELBOURNE FL</b>                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>ELLISON, DANIEL G.<br/>2289 OHIO STREET<br/>MELBOURNE FL 32904-6144</b>        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

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

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>David Cottrill<br/>4904 gail Blvd.<br/>west Melbourne, FL 32904</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>Richard Gaffney<br/>212 Coral Way W.<br/>Indialantic, FL 32903</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** *Daniel G. Ellison* 1/8/02 (321)725-5160

CR2E037 (9/01)