

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90128 027 \*\*\*150.00

**DOCUMENT # P00000042683**

1. Entity Name  
**ABC CITRUS, INC.**

Principal Place of Business  
**PO BOX 568885  
 ORLANDO FL 32856-8885**

Mailing Address  
**PO BOX 568885  
 ORLANDO FL 32856-8885**



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 **59-3642752**

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

**DAWSON, WILLIAM L  
 1634 WATERWITCH DR  
 ORLANDO FL 32806**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAWSON, WILLIAM L</b>	
STREET ADDRESS	<b>1634 WATERWITCH DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

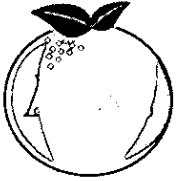
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William L. Dawson* **William L. Dawson Pres 7/16/02 407-855-6478**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment # P00000042683  
122074



**ABC Citrus Inc.**

Complete Marketing & Harvesting  
705 Waltham Avenue, Orlando, FL 32809  
Mailing Address: 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~~

Re: Document # P00000042683

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