

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90140 043 ***550.00

014140 AT

DOCUMENT # S28555

1. Entity Name
CITRUS COUNTY TELEPHONE, INC.



Principal Place of Business
**1845 W 88th TO LAKE HWY
LECANTO FL 34461**

Mailing Address
**P.O. BOX 929
LECANTO FL 34460**



2. Principal Place of Business
63 S. Easy ST.

3. Mailing Address
P.O. Box 929

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lecanto FL.

City & State
Lecanto FL.

Zip
34461

Country

Zip
34460

Country

4. FEI Number
65-0243015

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRIFFIN, TIMOTHY
PO BOX 10892
10349 KITTIWAKE RD
BROOKSVILLE FL 34603

7. Name and Address of New Registered Agent

Name
Robert Stack

Street Address (P.O. Box Number is Not Acceptable)
63 S. Easy ST.

P.O. Box 929

City
Lecanto

FL

Zip Code
34460

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 **Robert Stack** (NOTE: Registered Agent signature required when reinstating)

Robert Stack DATE **8/1/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STACK, ROBERT P.O. BOX 278/63 EASY ST LECANTO FL 34460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STACK, DEBRA P.O. BOX 278/63 EASY ST LECANTO FL 34460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFIN, TIMOTHY PO BOX 10892 13049 KITTIWAKE RD BROOKSVILLE FL 34603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Stack, Robert P.O. BOX 278/63 EASY ST Lecanto, FL. 34460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Stack, Debra P.O. BOX 278/63 EASY ST Lecanto, FL. 34460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(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: **Robert Stack** **352-249-9161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)