

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR), AMENDED**

FILED

02 JUL -9 PH 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 203802  
1. Entity Name  
Suncrest Citrus, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
151 Homewood Ct.  
Suite, Apt. #, etc.

3. Mailing Address  
151 Homewood Ct.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Winter Haven, FL

City & State  
Winter Haven, FL

Zip  
33880 Country  
USA

Zip  
33880 Country  
USA

4. FEI Number  
591105197

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Mary Ellen Tramontin

Street Address (P.O. Box Number is Not Acceptable)  
151 Homewood Ct.

City  
Winter Haven FL Zip Code  
33880

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 Mary Ellen Tramontin, Pres., Suncrest Citrus, Inc. DATE 7-02-02  
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)

**January 1 - May 1 Fee is \$150.00  
After May 1; Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mary Ellen Tramontin, P</u> <u>151 Homewood Ct</u> <u>Winter Haven, FL 33880</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Linda A. Budd, S/T</u> <u>3107 S. Turkey Creek Rd.</u> <u>Plant City, FL 33567</u>
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**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Ellen Tramontin DATE 7-02-02 (863) 293-8048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E0345 (12/01)

7/11/02