2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # 307744 1. Entity Name 04-16-2002 90150 033 ***150.00 HUBERT GRAVES CITRUS, INC. Principal Place of Business Mailing Address გეენდანი 2205 14TH AVE PO BOX 6190 STE. 200 VERO BEACH FLA 32961 VERO BEACH FL 32960 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1147842 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GRAVES JR.HUBERT** Street Address (P.O. Box Number is Not Acceptable) 2205 14TH AVE STE. 200 VERO BEACH FL 32961 City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Sae criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME GRAVES, JEANNE S NAME STREET ADDRESS 4575 ROSEDALE RD STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 00000 CITY-ST-ZIP TITLE Delete ☐ Change __ Addition NAME **GRAVES JR, HUBERT** NAME STREET ADDRESS STREET ADDRESS 4575 ROSEDALE RD. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 00000 TITLE ☐ Delete TITLE Change ☐ Addition NAME HOOVER, JANIE GRAVES 4575 ROSEDALE RD. STREET ADDRESS STREET ADDRESS 4400 ROSEWOOD BLVD CITY-ST-ZIP VERO BCH. FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME GRAVES, JULIA A. NAME STREET ADDRESS 4575 ROSEDALE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BCH. FL TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME BARTLETT, JEANE GRAVES NAME STREET ADDRESS STREET ADDRESS 4575 ROSEDALE RD. CITY-ST-ZIP vero BCH. Fl CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

MELLA MORRES HUBERT GRAVES, SR. 4-4-02 SIGNATURE: 772 - 562 - 736 (Daytime Phone #

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.

CR2E034 (9/01)

FILED