

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 366845**

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

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90102 027 \*\*\*150.00

Principal Place of Business      Mailing Address  
**3705 20 ST.**      **3705 20 ST.**  
**VERO BEACH FL 32960**      **VERO BEACH FL 32960-2401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1296707</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>ESTES, WILLIAM CODY</b> <b>3705 20 ST.</b> <b>VERO BCH, FL</b> <b>32960</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTES, WILLIAM CODY</b>		NAME		
STREET ADDRESS	<b>3705 20TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VERO BCH, FL 0</b>		CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHILTON, CHARLES R</b>		NAME		
STREET ADDRESS	<b>1920 MANOR CIR SE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN, FL 0</b>		CITY-ST-ZIP		
TITLE	<b>ASD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTES, FAYE D.</b>		NAME		
STREET ADDRESS	<b>3705 20TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VERO BEACH FL</b>		CITY-ST-ZIP		
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOGERT, BARBARA T.</b>		NAME	<b>Gloria Yarina</b>	
STREET ADDRESS	<b>1933 ROBALO DRIVE</b>		STREET ADDRESS	<b>1066 26th Avenue</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>		CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

*4/26/00 561-569-5022*