

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90252 032 ***150.00

0488804

DOCUMENT # 366845

1. Entity Name
ESTES CITRUS, INC.

Principal Place of Business
**3705 20 ST.
 VERO BEACH FL 32960**

Mailing Address
**3705 20 ST.
 VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1296707**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESTES, WILLIAM CODY
 3705 20 ST.
 VERO BEACH FL 32960**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **038 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.

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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PT	ESTES, WILLIAM CODY		
	3705 20TH STREET		
	VERO BCH, FL 0		
SD	CHILTON, CHARLES R		
	1920 MANOR CIR SE		
	WINTER HAVEN, FL 0		
ASD	ESTES, FAYE D.		
	3705 20TH STREET		
	VERO BEACH FL		
AS	BOGERT, BARBARA T.		
	1933 ROBALO DRIVE		
	VERO BEACH FL		

Gloria Yarina Asst Sec'y
 1066 26th Avenue
 Vero Beach, FL 32960

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: W. Cody Estes Date: 4/17/01 Daytime Phone #: 561-569-5022

CR2E034 (10/00)