FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Aug 13, 2003 8:00 am Secretary of State DOCUMENT # 411593 04-14-2003 90401 041 ***150.00 1. Entity Name SOUTH LAKE WEIR CITRUS COMPANY 08-13-2003 90078 029 ***400.00 Principal Place of Business Mailing Address P. O. BOX 687 P. O. BOX 687 W STATE ROAD 42 W STATE ROAD 42 WEIRSDALE FL 32195 WEIRSDALE FL 32195 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1426351 Not Applicable Zip 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 Name PRESTON, CHARLENE W Street Address (P.O. Box Number is Not Acceptable) W STATE ROAD 42 1355 | Sunsof Howber Rd WEIRSDALE FL 32195 Zip Code City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Addition TITLE ☐ Chance WILLIAMS, VIRGINIA NAME NAME W. STATE ROAD 42 1670 | Douglas Ro STREET ADDRESS STREET ADDRESS WEIRSDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change PRESTON, CHARLENE W. 13551 NAME NAME SUNSET HARBOR RD STREET ADDRESS STREET ADDRESS WEIRSDALE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE SMITH, PATRICIA NAME NAME **ELOISE ROAD OFF S.R. 42** STREET ADDRESS STREET ADDRESS WEIRSDALE FL CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 of 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

CITY-ST-ZIP

CITY-ST-7IP



2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINE	<u>SS REPORT</u>	「(UBR)		4/14/2003-90401-041-\$150.00-	\$150.00	
DOCUMENT # 411593						
SOUTH LAKE WEIR CITRUS COMPAN	IY			9/1290	27/	J
Principal Place of Business P. O. BOX 587 W STATE ROAD 42 WEIRSDALE FL 32195	Mailing Address P. O. BOX 687 W STATE ROAD 42 WEIRSDALE FL 32196			00130		1 (2)
2. Principal Place of Business	3. Mailing Address	•		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
Suite, Apt. #, etc. Suite. Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State	City & State		4. F	4. FEI Number 59-1426351 Applied For Not Applicable		
Zip Country	Zip	Country		Destinction of Status Cossing	8.75 Add	
6. Name and Address of Current R	egistered Agent		7. h	Name and Address of New Registered Ag	gent.	<u> </u>
PRESTON, CHARLENE W		Name			· ·	, -
D.O. BOY 317		Street Addr	ess (P.O. B	ox Number is Not Acceptable)		
W STATE ROAD 42 / 355 / 50	inset Harb	20 M				
WEIRSDALE FL 32195	R	J.				
THE TE OF 100	. 4	City		FL	Zip Code	e j
The above named entity submits this statement for the obligations of registered agent.	he purpose of changing its re	gistered office or reg	istered age	ent, or both, in the State of Florida. I am fai	miliar with,	and accept
SIGNATURE						
Signature, typed or printed name of registered agent and	f title if epplicable. (NOTE: R	legistered Agent signature re	drived when re	instating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S	itate			9. Election Campaign Financing Trust Fund Contribution.		May Be I to Fees
10. OFFICERS AND DI	RECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS AND D	DIRECTORS	3 IN 11
TITLE PD WILLIAMS, VIRGINIA STREET ADDRESS CITY-ST-ZIP WEIRSDALE FL	Douglas Rd	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ľ	Change	Addition Addition
TITLE STD NAME PRESTON, CHARLENE W. STREET AODRESS CITY-ST-ZIP WEIRSDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ſ	☐ Change	Addition
TITLE D NAME SMITH, PATRICIA	Delete	TITLE	- Armerican	اراسينيا جايزيوناسساريج ياسيو	Change	Addition.
STREET ADDRESS ELOISE ROAD OFF S.R. 42 WEIRSDALE FL	, ,	STREET ADDRESS CITY-ST-ZIP				-
TITLE NAME	☐ Defete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	Delete	TITLE NAME		<u> </u>	Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	☐ Detete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with the corporation of the receiver or trustee.	ue and accurate and that my sered to execute this report as i	sionature shall have t	ha same la	enal attact as if made under ooth; that I am	an officer o	v director i

SIGNATURE:

AGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

Soc (352)875-5335