

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 442093

1. Entity Name

CITRUS FROM INDIAN RIVER SALES, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90051 026 ***150.00

0615060

Principal Place of Business
4425 NORTH U.S. #1
VERO BEACH FL 32967-1560
US

Mailing Address
4425 NORTH U.S. #1
VERO BEACH FL 32967
US

00032875



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1503578**
Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	ESTES, WILLIAM C	
STREET ADDRESS	3705 20TH ST.	
CITY-ST-ZIP	VERO BCH. FL 32960	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BANACK, SIDNEY M	
STREET ADDRESS	6125A ATLANTIC BLVD.	
CITY-ST-ZIP	VERO BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Cody Estes, Sr.
Secretary

Date

Daytime Phone #

(561) 569-5022

CR2E034 (10/00)