**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or or

SIGNATURE:

## Apr 30, 2002 8:00 am & Secretary of State DOCUMENT # 442093 1. Entity Name 04-30-2002 90182 016 \*\*\*150.00 CITRUS FROM INDIAN RIVER SALES, INC. Principal Place of Business Mailing Address 4425 NORTH U.S. #1 4425 NORTH U.S. #1 VERO BEACH FL 32967-1560 VERO BEACH FL 32967 บร. . US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1503578 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESTES, WILLIAM CODY Street Address (P.O. Box Number is Not Acceptable) 3705 20TH ST. VERO BEACH FL 32960 City Zip Code Fl 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition TITLE Change TITLE ☐ Delete STD NAME NAME ESTES, WILLIAM C STREET ADDRESS STREET ADDRESS 3705 20TH ST. CITY-ST-ZIP CITY-ST-ZIP VERO BCH. FL 32960 ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME BANACK, SIDNEY M STREET ADDRESS STREET ADDRESS 6125A ATLANTIC BLVD. CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL -Change ----- Addition-ÎTÎTÊ TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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