

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717353

1. Entity Name

CITA, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90136 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2330 JOHNNY ELLISON DR  
 MELBOURNE FL 32901-5553  
 US

P O BOX 2185  
 MELBOURNE FL 32902-2185  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1273570

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

ELLISON, DANIEL G  
 736 BALLARD DR  
 MELBOURNE FL 32935

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **VD**  
**GUINN, WAYNE**  
 STREET ADDRESS **3675 WHISPERWOOD CR**  
 CITY-ST-ZIP **MELBOURNE, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV**  
**ELLISON, JEFFREY R**  
 STREET ADDRESS **163 ATLANTIC AVE**  
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV**  
**ELLISON, JEFFREY R**  
 STREET ADDRESS **823 E MELBOURNE AVE APT B**  
 CITY-ST-ZIP **MELBOURNE FL 32901**  
*This is a duplicate of name in above section*

TITLE  Change  Addition  
 NAME **DS**  
**Ellison, Helen M.**  
 STREET ADDRESS **210 E University Blvd. Apt. 8**  
 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE  Delete  
 NAME **T**  
**WEBB, WILLIAM**  
 STREET ADDRESS **619 W. ESPANOLA WAY**  
 CITY-ST-ZIP **MELBOURNE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD**  
**ELLISON, DANIEL G.**  
 STREET ADDRESS **736 BALLARD DRIVE**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV**  
**ELLISON, JOHN S**  
 STREET ADDRESS **712 JOHN CARROLL AVE**  
 CITY-ST-ZIP **WEST MELBOURNE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Daniel G. Ellison* Daniel G. Ellison 1/8/2000 321-725-5160

Date

Daytime Phone #

CR2E037 19/99