

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90212 029 ***150.00

066896 AB

DOCUMENT # 846859

1. Entity Name
CITRUS PUBLISHING, INC.



Principal Place of Business
1624 N. MEADOWCREST
CRYSTAL RIVER FL 34429
US

Mailing Address
P.O. BOX 549
SHELBYVILLE KY 40066
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **54-1145119**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **ABERNATHY, MICHAEL G**
STREET ADDRESS **601 TAYLORSVILLE ROAD**
CITY-ST-ZIP **SHELBYVILLE KY 40065**

TITLE **AS** ☐ Delete
NAME **PITTMAN, COLLEEN**
STREET ADDRESS **150 W BRAMBLETON AVE**
CITY-ST-ZIP **NORFOLK VA 23510**

TITLE **S** ☐ Delete
NAME **FRIDDELL, GUY**
STREET ADDRESS **150 W BRAMBLETON AVE**
CITY-ST-ZIP **NORFOLK, VA VA**

TITLE **AS** ☐ Delete
NAME **SMITH, SUSAN D**
STREET ADDRESS **150 W BRAMBLETON AVE**
CITY-ST-ZIP **NORFOLK VA**

TITLE **AS** ☐ Delete
NAME **MILLER, GARY D.**
STREET ADDRESS **601 TAYLORSVILLE RD**
CITY-ST-ZIP **SHELBYVILLE KY**

TITLE **VP** ☐ Delete
NAME **MULLIGAN, GERARD**
STREET ADDRESS **1624 N MEADOWCREST BLVD**
CITY-ST-ZIP **CRYSTAL RIVER FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 like empowered.

SIGNATURE:

Gary D. Miller **GARY D. MILLER** **Gary D. Miller** **4-24-03** **502-633-4334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)