

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90064 032 ***150.00

DOCUMENT # F43960

1. Entity Name
PASADENA CITRUS SERVICE, INC.

Principal Place of Business
36441 LAKE PASADENA ROAD
DADE CITY FL 33525
US

Mailing Address
36441 LAKE PASADENA RD
DADE CITY FL 33525-8409
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2123400**

Applied For
 Not Applicable

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

GIBBS, A.P.
37911 HEATHER PLACE
DADE CITY FL 33525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 Delete
 NAME **PD SMITH, VICTOR S.**
 STREET ADDRESS **36441 LAKE PASADENA RD**
 CITY-ST-ZIP **DADE CITY FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD SMITH, MARY YOUNG**
 STREET ADDRESS **36441 LAKE PASADENA RD.**
 CITY-ST-ZIP **DADE CITY FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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Change Addition
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 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: MARY YOUNG SMITH 1/28/00 352-567-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARY YOUNG SMITH

CR2E034 (9/99)