

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0697349
FP

DOCUMENT # F94000000912

1. Entity Name
CITRUS ENERGY SERVICES, INC.



FILED

03 APR 16 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1400 SMITH STREET
HOUSTON TX 77002
US

Mailing Address
C/O 1650 HWY 6
SUITE 100
SUGAR LAND TX 77478

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 76-0158611

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FOSSUM, DREW J
STREET ADDRESS 1400 SMITH STREET
CITY-ST-ZIP HOUSTON TX 77002

☐ Change ☐ Addition
200016971252
04/24/03--01074--027 **150.00

TITLE VPS ☐ Delete
NAME DAVIS, ANGUS H
STREET ADDRESS 1400 SMITH STREET
CITY-ST-ZIP HOUSTON TX 77002

☐ Change ☐ Addition

TITLE SVPD CFO T ☐ Delete
NAME HAYSLETT, RODERICK J
STREET ADDRESS 1400 SMITH STREET
CITY-ST-ZIP HOUSTON TX 77002

☐ Change ☐ Addition

TITLE AS ☐ Delete
NAME PINDER-METZ, LORI
STREET ADDRESS 1400 SMITH STREET
CITY-ST-ZIP HOUSTON TX 77002

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory H. Apke

4/10/03

(281) 565-7905

Date

Daytime Phone #

CR2E034 (10/02)