

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G17450

1. Entity Name

RM CATTLE & CITRUS, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90042 017 ***150.00

Principal Place of Business

4075 VIRGINIA AVE
FT. PIERCE FL 34981

Mailing Address

4075 VIRGINIA AVE
FT. PIERCE FL 34981

2. Principal Place of Business

2100 Sunrise Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Fort Pierce, FL

Zip

34950

Country

US

3. Mailing Address

2100 Sunrise Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Fort Pierce, FL

Zip

34950

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2384681

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINTON, O.R., JR.
4075 VIRGINIA AVENUE
SUITE 204
FT. PIERCE FL 34981

Name

Street Address (P.O. Box Number is Not Acceptable)

2100 Sunrise Blvd.,

Suite A

City

Fort Pierce

FL

Zip Code

34950

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 O.R. Minton, Jr.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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, 2001 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 PSD ☒ Delete
NAME MINTON, O. R., JR.
STREET ADDRESS 4075 VIRGINIA AVE
CITY-ST-ZIP FORT PIERCE FL 34981

TITLE PSD ☒ Change ☐ Addition
NAME Minton, O.R., Jr
STREET ADDRESS 2100 Sunrise Blvd., Suite A
CITY-ST-ZIP Fort Pierce, FL 34950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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: O.R. Minton, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

561-467-1350

Daytime Phone #

CR2E034 (10/00)