2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 15, 2001 8:00 am Secretary of State **DOCUMENT # J64940** 1. Entity Name CITRUS FIREPLACES, INC. 03-15-2001 90028 040 ***150.00 Mailing Address Principal Place of Business * ** % EMMETT F. DONNELLY % EMMETT F. DONNELLY 6468 S. TEXPOINT 6468 S. TEXPOINT HOMOSASSA FL 34448 HOMOSASSA FL 34448 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2802559 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONNELLY, EMMETT F. Street Address (P.O. Box Number is Not Acceptable) 2 JUNGLEPLUM CT E HOMOSASSA FL 34446 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE DONNELLY, EMMETT F. NAME NAME 2 JUNGLEPLUM CT E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMOSASSA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE SAMUEL J. STOLICKER NAME NAME STREET ADDRESS 5 BEVERLY CT STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Destrict Phone #