

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90038 029 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57583

1. Entity Name

United Citrus Marketing, Inc

(NC) LW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4310 77th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 118

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wabasso FL

City & State

Wabasso FL

4. FEI Number

65-0095070

Applied For

Not Applicable

Zip 32970

Country

USA

Zip 32970

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kennedy, Kenneth P.

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

4310 77th Street

City

Wabasso

FL

Zip Code

32970

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

Signature typed or printed name of registered agent and title if applicable

Kenneth Kennedy, President

4/29/02

(NOTE: Registered Agent signature required when re-electing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE DP
NAME Kennedy, Kenneth P.
STREET ADDRESS 4310 77th Street
CITY-ST-ZIP Wabasso, FL 32970

TITLE DVS
NAME Kennedy, Thomas P.
STREET ADDRESS 4310 77th Street
CITY-ST-ZIP Wabasso, FL 32970

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Kennedy 4/29/02 772-589-4387

CR2E034B (12/01)