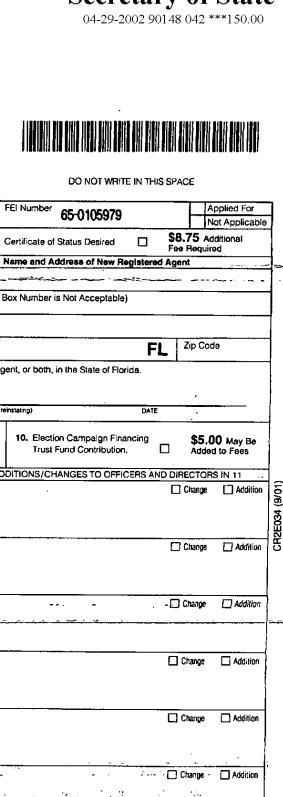
2002 UNIFORM BUSINESS REPORT (UBR)

K62506 **DOCUMENT #** 1. Entity Name 04-29-2002 90148 042 ***150.00 CITRUS OILS, INC. Principal Place of Business Mailing Address 2310 FAIRWAY LANE 111 PARK AVENUE EAST SEBRING FL 33872 LAKE PLACID FL 33852-6382 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0105979 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPBELL, FRANK A Street Address (P.O. Box Number is Not Acceptable) 2310 FAIRWAY LANE SEBRING FL 33872 City Zip Code 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 . 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Delete TITLE Modition CAMPBELL, FRANK A NAME NAME 2310 FAIRWAY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME CAMPBELL, FRANK A NAME STREET ADDRESS 2310 FAIRWAY LANE STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP TITLE ☐ Delete - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete · Change -☐ Addition NAME NAME 111200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED Apr 29, 2002 8:00 am Secretary of State



Frank A. Campbell SIGNATURE:

Daytime Phone #