

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K89494

FILED
Apr 29, 2003
Secretary of State

Entity Name: CITRUS FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1717 INDIAN RIVER BLVD.
P.O. BOX 2560
VERO BEACH, FL 329619560

Current Mailing Address:

1717 INDIAN RIVER BLVD.
P.O. BOX 2560
VERO BEACH, FL 329619560

New Principal Place of Business:

1717 INDIAN RIVER BLVD.
P.O. BOX 2560
VERO BEACH, FL 329619560 US

New Mailing Address:

N27 W24025 PAUL COURT, PO BOX 449
ATTN: MARY C. MISKE
PEWAUKEE, WI 53072 US

FEI Number: 65-0136504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHALL, JACK E
1717 INDIAN RIVER BLVD
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARAUJO, JOSE
Address: 17708 SW 28 STREET
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: BONNELL, STEPHEN C
Address: N28 W22367 FOXWOOD LANE
City-St-Zip: WAUKESHA, WI 53186

Title: D () Delete
Name: LAMBERT, ROY H
Address: 990 SANDFLY LANE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: SCHALL, JACK E
Address: 1065 NE 87 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: STRAKA, DONALD J
Address: N53 W14147 INVERY DRIVE
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D () Delete
Name: STRAKA, J. MICHAEL
Address: 36076 NORTH BEACH ROAD
City-St-Zip: LAKE OCONOMOWOC, WI 53066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P/D (X) Change () Addition
Name: STRAKA, J. MICHAEL
Address: 36076 NORTH BEACH ROAD
City-St-Zip: LAKE OCONOMOWOC, WI 53066

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. MICHAEL STRAKA

P/D

04/29/2003

Electronic Signature of Signing Officer or Director

Date