

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90009 019 ***150.00

DOCUMENT # L01938

1. Entity Name

CITRONELLE DEVELOPMENT, INC.

Principal Place of Business

**10750 W. KILLARNEY LN.
 CRYSTAL RIVER FL 34428
 US**

Mailing Address

**23162 SW 117TH ST
 DUNN FL 34431
 US**



2. Principal Place of Business

P.O. Box 635

3. Mailing Address

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2957647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOBBS, JAMES COLUMBUS, III
 10750 W. KILLARNEY LN
 CRYSTAL RIVER FL 34428**

7. Name and Address of New Registered Agent

Name

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

23162 SW 117th St.

City

DUNN

FL

Zip Code

34431

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)

DATE

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, 2002 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

TITLE **PT** ☐ Delete
 NAME **HOBBS, JAMES COLUMBUS III**
 STREET ADDRESS **10750 W. KILLARNEY LN.**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **VS** ☐ Delete
 NAME **HOBBS, DEENA B**
 STREET ADDRESS **10750 W. KILLARNEY LN.**
 CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **23162 SW 117th St.**
 CITY-ST-ZIP **DUNN FL 34431**

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 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:

SIGNATURE REQUIRE **JAMES C. HOBBS III**

4-1-02

352-220-3216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)