

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03625

1. Entity Name

A.V. CITRUS SALES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90004 039 ***150.00

Principal Place of Business

Mailing Address

4420 N OLD DIXIE
 VERO BCH FL 32967
 US

PO BOX 429
 VERO BCH FL 32961-0429
 US

810202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0139701

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FECHTMEYER, PHILIP
 11380 PROSPERITY FARMS RD.
 220A
 PALM BEACH GARDENS FL 33467

Name

SANDY PACK

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

4420 N OLD DIXIE

City

VERO BEACH

FL

32967

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME VALDES, ALBERT
 STREET ADDRESS 4420 N OLD DIXIE
 CITY-ST-ZIP VERO BCH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME GROVES, DON
 STREET ADDRESS 4420 N OLD DIXIE
 CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME GROVES, PAMELA
 STREET ADDRESS 4420 N OLD DIXIE
 CITY-ST-ZIP VERO BCH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME GROVES, JAME'
 STREET ADDRESS 4420 N OLD DIXIE
 CITY-ST-ZIP VERO BCH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME PACK, SANDY
 STREET ADDRESS 4420 N OLD DIXIE
 CITY-ST-ZIP VERO BCH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME DOWNS, DENNIS
 STREET ADDRESS 4420 NORTH OLD DIXIE
 CITY-ST-ZIP VERO BCH FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)