

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03625

1. Entity Name

A.V. CITRUS SALES, INC.

Principal Place of Business

4420 N OLD DIXIE
VERO BCH FL 32967
US

Mailing Address

PO BOX 429
VERO BCH FL 32961-0429
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0139701

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PACK, SANDY
4420 N. OLD DIXIE
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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 PD
NAME VALDES, ALBERT ☐ Delete
STREET ADDRESS 4420 N OLD DIXIE
CITY-ST-ZIP VERO BCH FL

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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:

Sandy Pack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

561-567-5353

Daytime Phone #

CR2E034 (10/00)

0487219



DO NOT WRITE IN THIS SPACE