

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L14532**

1. Entity Name

**SUNBRITE CITRUS, INC.****FILED****Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90146 002 \*\*\*150.00

0562286

Principal Place of Business

Mailing Address

**150 N GRAVES RD  
FT PIERCE FL 34945  
US****PO BOX 2667  
FT PIERCE FL 34954  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2972340**

Applied For

Not Applicable

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

**SCHIRARD, J BRANTLEY  
150 N GRAVES RD  
FT PIERCE FL 34954**

Name

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

**150 N. GRAVES RD., P.O.B. 2667**

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)

**APR 11 2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	SCHIRARD, J. BRANTLEY	1108 TRINIDAD AVE	FT. PIERCE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	SCHIRARD, BRYAN D.	1111 TRINIDAD AVENUE	FT. PIERCE FL 34982	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	GRUBB, LORI S.	3715 CREEKSIDE DR.	SEBRING FL 33872	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 11 2001**

Date

Daytime Phone #

**561-466-2808**

CR2E034 (10/00)