

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am  
Secretary of State

04-09-2001 90032 034 \*\*\*150.00

DOCUMENT # L40499

1. Entity Name  
CITRUS CARTON SALES, INC.

Principal Place of Business

9830 JACKSON ROAD  
LEESBURG FL 34788

Mailing Address

9830 JACKSON ROAD  
LEESBURG FL 34788

2. Principal Place of Business

RT 13 BOX 331-30

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

Zip

32055

Country

COLUMBIA

Zip

Country

4. FEI Number

59-2987243

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARD, RUFUS B.  
9830 JACKSON ROAD  
LEESBURG FL FL 34788

7. Name and Address of New Registered Agent

Name

WARD, RUFUS B.

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

RT 13 BOX 331-30

City

LAKE CITY

FL

Zip Code

32055

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

4/5/01

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 P ☐ Delete  
NAME WARD, RUFUS B.  
STREET ADDRESS 9830 JACKSON ROAD  
CITY-ST-ZIP LEESBURG FL 34788

TITLE S/T ☐ Delete  
NAME WARD, JEAN P.  
STREET ADDRESS 9830 JACKSON ROAD  
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 RT 13 BOX 331-30  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS RT 13 BOX 331-30  
CITY-ST-ZIP LAKE CITY, FL 32055

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  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

Date

4/5/01

Daytime Phone #

386-754-0640

CR2E034 (10/00)