2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M73155 **DOCUMENT #**

1. Entity Name

CHARLOTTE CITRUS, INC.



FILED Mar 14, 2003 8:00 am Secretary of State 03-14-2003 90051 018 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP													
Sufe, Apt # citc.	C/O ALFRED M. JOHNS ONE WOODLAND DRIVE				C/O ALFRED M. JOHNS ONE WOODLAND DRIVE								
City & State Country E. Name and Address of Current Registered Agent Name Name Name Name Name Name Name City City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City	2. Principal Place of Business				3. Mailing Address					(0 0	
Country Zip Country Zip Country Zip Country S. Cartificate of Stanua Desired Sa.75 Addisional Fee Plaquired Sa.75 Addisional Plaquired	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent JOHNS, ALFRED M. ONE WOODLAND DRIVE PUNTA GORDA FL 33950 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agent, or both, in the State of Fords. I am familiar with, and accept the colligional registered agen	City & State				City & State			4.	4. FEI Number 65-0037664				
Name Name Street Address (P.O. Box Number is No: Acceptable)	Zip	Country Zip Co					try						
Street Address (F.O. Box Number is Not Acceptable) Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code	6. Name and Address of Current Registered Agent							7.	Name and Address of	New Registered A	gent	•	
City FL Zip Code	ONE WOODLAND DRIVE							* · · · · · · · · · · · · · · · · · · ·					
B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Speaker byped or percent farm of registered agent and 30% a boolcable. (AVOTE: Registered Agent agentavire required when relevating) DATE	PUNTA GORDA FL 33950										7 in Cod		
SIGNATURE Signature Signa	•						City FL Zip Code					E	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee wilf, be \$550.00 Make Check Payable to Florida Department of State 10.													
After May 1, 2003 Fee wilf, be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed	or printed came of registered agent	and title if app	olicable. (NOTE	: Registered	d Agent signatur	e required when r	reinstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	After May 1, 2003 Fee will be \$550.00								1				
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12 December certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes I further certify that the information	NAME STREET ADDRESS CHY-ST-ZIP					NAME STREE CITY -	ET ADDRESS ST-ZIP				_ •	Addition	

Thereby certify inature 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #