2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2002 8:00 am

DOCUMENT # NO100004624 PARROT HEADS OF CITRUS, INC.					Secretary of State 05-12-2002 90627 041 ****61.25				
					<u>v</u>				
1	Place of Business	Mailing Address			 				
PO BOX 88 HOMOSASSASPRINGS FL 34447-0098		PO BOX 98 HOMOSASSASPRINGS FL 34447-0098			ŀ	92979			
2 Princip	of Place of Dusiness							i o	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & S	State	City & State			4. FEl Number			Applied For	\neg
Zip Country		Zip C		lry	59-390012 Not Applicable				ole elc
	A Nome and Add	, i		y	5. Certificate of 5	Status Desired	\$8.75 / Fee Requ	Additional ired	1
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Ad	dress of New Register	ed Agent		ゴ
RAMSEV	/ KADON	<u></u>			s (P.O. Box Number is				
RAMSEY, KAREN = 5291-W-GLENBROOK:ST				SUGGE Address	s (F.O. Box Number is	Not Acceptable)			_
HOMOS	ASSA FL 34448						-		= =
			* -	City		F	Zip Ci	ode	7
8. The abo	we named entity submits this statement	for the purpose of changing its	registered	office or regis	tered agent, or both, in	the state of Florida.		<u> </u>	\dashv
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SIGNATURE	Signature, typed or printed name of registered age								
		INOTE	: Registered A	rent signature requi	red when reinstating)	DATI			
FILE NOW: FEE IS \$61.25 9. Election Carry Trust Fund Co			npalgn Fins contribution	ncing	\$5.00 May Be Added to Fees Make Check Payable to Department of State			e to	
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND I	DIRECTORS	N 10	4
TITLE NAME	dp Ramsey, Karen	☐ Delete	TITLE	·] -			☐ Change	Addition	ने ह
STREET ADDRESS	5291 GLENBROOK ST		NAME STREET A	maree			_ •	_	CR2E037 (9/01)
CITY-ST-ZIP	HOMOSASSASPRINGS FL 3444	7-0098	CITY-ST-						8
TITLE NAME	DV	☐ Defete	TITLE			·	☐ Change	Addition	− Ř
name Street address	MARTIN, GORDON 6389 W APPOMATTOX LN		NAME	Ī	,				10
CITY-ST-ZIP	HOMOSASSA FL 34448		STREET AS	1		•			1
TITLE	DS	☐ Delete	TITLE			·			4
NAME	NELSON, PAULA		NAME				☐ Change	Addition	L
Street Address City - St-Zip - 3-	24143 CORTEX BLVD BROOKSVILLE FL 34601		STREET AD						
TLE +	DT .	-	-CITY _E SI-7			· •			
IAME	GAMPP, JOHN	Celeie	TITLE			4	Change	Addition	1
TREET ADDRESS			STREET AD	DRESS DA	BOY 330	ç ullondh			1
ITY-ST-ZIP	INGLISS FL 34449		C <u>!TY</u> -ST-Z	ناز ا	MOSASSA	4 SPRINGS FL	244	16	
itle Ame		☐ Delete	TITLE				Change	☐ Addition	{
Treet address			NAME STREET AD	norse					
ITY-ST-ZIP			STREET ADO						
TLE		☐ Delete	TITLE						
AME			NAME				☐ Change	☐ Addition	- :
TREET ADDRESS TY-ST-ZIP			STREET ADD						

to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information timy signature shall have the same legal effect as if made under oath; that I am an officer or director in as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

2-12-02