

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**  
05-05-2003 90258 019 \*\*\*\*61.25

**DOCUMENT # N02000000629**

1. Entity Name  
**CITIZENS FOR A TAX ROLLBACK, INC.**



Principal Place of Business

**310 E. COLLEGE AVE.  
TALLAHASSEE FL 32301**

Mailing Address

**310 E. COLLEGE AVE.  
TALLAHASSEE FL 32301**

2. Principal Place of Business

**P.O. Box 488**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 488**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**PALEMBANG, FL**

Zip  
**34682**

Country  
**U.S.A.**

City & State  
**PALEMBANG, FL**

Zip  
**34682**

Country  
**U.S.A.**

4. FEI Number

**352159273**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KILLINGER, LEE M  
2508 BETTON WOODS DR.  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name  
**Cliff Walters**

Street Address (P.O. Box Number is Not Acceptable)  
**802 11th St W.**

City  
**Bradenton**

**FL**

Zip Code  
**34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALTERS, CLIFF  
802 11TH ST. W  
BRADENTON FL 34205** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BELL, WILLIAM A  
944 GENTIAN CT.  
TALLAHASSEE FL 32312** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KILLINGER, LEE M  
2508 BETTON WOODS DR.  
TALLAHASSEE FL 32308** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JOHN M. MCKAY  
1001 3RD AVE. W. #470  
BRADENTON, FL 34205** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
W. J. LATVALA  
109 Phillips Way  
PALEMBANG, FL 34683** ☐ Change ☒ Addition

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*

**4/28/03 727-772-8233**

CR2E037 (10/02)