

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002393

1. Entity Name

CITRUS "A'S INC.

Principal Place of Business

Mailing Address

P.O. BOX 973
LECANTO FL 34460

P.O. BOX 973
LECANTO FL 34460-0973

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3240346

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

IORIO, PHILIP
8707 SUMMER DR
HUDSON FL 34667

Name GARLOCK EARL L.

Street Address (P.O. Box Number is Not Acceptable)
11650 E. LAUREL CT

City FLORAL CITY

FL

Zip Code 34436

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 EARL L. GARLOCK

Earl L. Garlock

2/14/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
NAME BROWN, ROYAL
STREET ADDRESS 8740 E. LAREN CT
CITY-ST-ZIP INVERNESS FL 34450

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

TITLE PD ☐ Delete
NAME HARVEY, EUGENE
STREET ADDRESS 20828 SW 93RD LANE RD
CITY-ST-ZIP DUNNELLON FL 34431

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

TITLE S ☐ Delete
NAME SENG, TOM
STREET ADDRESS 21821 SW CHILLA CT
CITY-ST-ZIP DUNNELLON FL 34431

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

TITLE TD ☒ Delete
NAME IORIO, PHILIP
STREET ADDRESS 8707 SUMMER DR
CITY-ST-ZIP HUDSON FL 34667

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

TITLE TREASURER ☐ Delete
NAME GARLOCK EARL L.
STREET ADDRESS 11650 E. LAUREL CT
CITY-ST-ZIP FLORAL CITY FL 34436

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE: EARL L. GARLOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

(352) 344 5296

Daytime Phone #

CR2E037 (9/99)