

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000002393**

1. Entity Name

**CITRUS "A"S INC.**

Principal Place of Business

P.O. BOX 973  
LECANTO FL 34460

Mailing Address

P.O. BOX 973  
LECANTO FL 34460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

Name

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

City

**FL**

Zip Code

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

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
BROWN, ROYAL  
8740 E. LAREN CT  
INVERNESS FL 34450 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HARVEY, EUGENE  
20828 SW 93RD LANE RD  
DUNNELLON FL 34431 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SENG, TOM  
21821 SW CHILLA CT  
DUNNELLON FL 34431 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
GARLOCK, EARL L  
11650 E LAUREL CT  
FLORAL CITY FL 34436 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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 all other like empowered.

SIGNATURE: *EARL L GARLOCK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01 (352) 344-5096

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90035 015 \*\*\*\*61.25

A U U U U U U U



DO NOT WRITE IN THIS SPACE

0078386

CR2E037 (10/00)