

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004658**

1. Entity Name

CITRUS 20/20 INC.

Principal Place of Business

**2476 N. ESSEX AVE.
C/O AVIS M. CRAIG
HERNANDO FL 34442
US**

Mailing Address

**P.O. BOX 1141
LECANTO FL 34460
US**

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

65-0616903

Applied For

Not Applicable.

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZELMER, ERNIE
4255 N. INDIANRIVER DR.
HERNANDO FL 34442**

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	DC	<input type="checkbox"/> Delete
NAME	WARREN, JANICE	
STREET ADDRESS	1180 N. CIRCLE DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RENFRO, REN	
STREET ADDRESS	2255 N. WATSEDEGE DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CALLOWAY, C.L.	
STREET ADDRESS	4350 W. SANDY HILL ST.	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ZELMER, ERNIE	
STREET ADDRESS	4255 N. INDIANRIVER DR.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AVIS, CRAIG	
STREET ADDRESS	10995 N. CITRUS AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Jan 2001 352-344-4347

Date

Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90045 043 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)