

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90103 031 ****61.25

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

70 RICHARD CLAY
Suite, Apt. #, etc.
330 N. BLUEWOOD TER

3. Mailing Address

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

Zip

34429

Country

USA

Country

4. FEI Number

65-0616903

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZELLMER, ERNIE
4255 N. INDIANRIVER DR.
HERNANDO FL 34442

7. Name and Address of New Registered Agent

Name CLAY, RICHARD

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

330 N. BLUEWOOD TER

City CRYSTAL RIVER

FL

Zip Code 34429

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 RICHARD CLAY, CHAIRMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

20 FEB 2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	WARREN, JANICE	
STREET ADDRESS	1180 N. CIRCLE DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RENFRO, REN	
STREET ADDRESS	2255 N. WATERSEDGE DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CALLOWAY, C.L.	
STREET ADDRESS	4350 W. SANDY HILL ST.	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ZELLMER, ERNIE	
STREET ADDRESS	4255 N. INDIANRIVER DR.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	DS	<input checked="" 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	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAY, RICHARD	
STREET ADDRESS	330 N. BLUEWOOD TER	
CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAVE, PATIENCE	
STREET ADDRESS	40 PINE ST.	
CITY-ST-ZIP	HOMOSASSA, FL 34426	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENFRO, EDWARD	
STREET ADDRESS	2255 N. WATERSEDGE DR	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, CHERYL	
STREET ADDRESS	2218 N. WATERSEDGE DR	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
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
RICHARD CLAY, CHAIRMAN

Date

Daytime Phone #

(352) 795-6628

CR2E037 (9/01)