

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90042 022 ****70.00

DOCUMENT # N99000000884

1. Entity Name

HONEY CITRUS, INC.

Principal Place of Business

Mailing Address

41 NW 5TH AVENUE
 DANIA FL 33004

41 NW 5TH AVENUE
 DANIA FL 33004

2. Principal Place of Business

3. Mailing Address

2000 S.W. Warfield Blvd
 Suite, Apt. #, etc.

41 NW 5th Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Indian Town Fl

City & State

Dania Beach, Fl

4. FEI Number

31-1628760

Applied For

Not Applicable

Zip

33496

Country

Martin

Zip

33004

Country

Broward

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

MCGIRT, JANICE
 41 NW 5TH AVENUE
 DANIA FL 33004

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 *Janice McGirt President*
Signature, typed or printed name of registered agent and title if applicable.

7/21/2000
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	DP	<input type="checkbox"/> Delete
NAME	MCGIRT, JANICE	
STREET ADDRESS	41 NW 5TH AVENUE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ADAMS, TOMEKA	
STREET ADDRESS	41 NW 5TH AVENUE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROEBUCK, GEORGE	
STREET ADDRESS	41 NW 5TH AVENUE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasure & Managing Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary L. Rooks	
STREET ADDRESS	2114 Garfield St	
CITY-ST-ZIP	Hollywood Fl 33020	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Roebuck	
STREET ADDRESS	41 N.W. 5th Ave	
CITY-ST-ZIP	Dania Fl 33004	
TITLE	Managing Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheryl Weeks	
STREET ADDRESS	2114 Garfield St	
CITY-ST-ZIP	Hollywood Fl 33020	
TITLE	Treasure	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laqueesha Kelly	
STREET ADDRESS	41 N.W. 5th Ave	
CITY-ST-ZIP	Dania Fl 33004	
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: *Janice McGirt President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00 *954) 922-5897*
DATE Daytime Phone #

CR2E037 (5/00)