2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 FEB 21 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021663

1. Entity Name

AFFORDABLE / CITRUS RIDGE, INC.

Principal Place of Business	Mailing Address
405-F ATLANTIS ROAD CAPE CANAVERAL, FL 32920	405-F ATLANTIS ROAD CAPE CANAVERAL, FL 32920

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ 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
CHRISTOPHER J. STRAKA 405-F ATLANTIS ROAD CAPE CANAVERAL, FL 32920	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER J. STRAKA 405-F ATLANTIS ROAD CAPE CANAVERAL, FL 32920 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/S/T/D CHRISTOPHER J. STRAKA 405-F ATLANTIS ROAD CAPE CANAVERAL, FL 32920 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	100003 ☐ Change ☐ Addition -02/27/01--01113--012 ****158.75 ****158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CHRISTOPHER J. STRAKA, PRES. 02/20/01 407-799-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number