

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90020 027 ***150.00

DOCUMENT # P00000026899

1. Entity Name
T. & T. CITRUS, INC.

Principal Place of Business

**232 S. FOREST AVE.
 AVON PARK FL 33825**

Mailing Address

**232 S. FOREST AVE.
 AVON PARK FL 33825**

2. Principal Place of Business

222 S Forest Ave

Suite, Apt. #, etc.

3. Mailing Address

222 S Forest Ave

Suite, Apt. #, etc.

City & State

Avon Park FL

City & State

Avon Park FL

Zip

33825

Country

Zip

33825

Country

4. FEI Number

65-0995305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TINDELL, DAVID

232 S. FOREST AVE.

AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

T & T Citrus

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

222 S Forest Ave

City

Avon Park

FL

Zip Code

33825

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

9. 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, 2002 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**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TINDELL, RICHARD	
STREET ADDRESS	2285 W. MYAKKA ROAD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TINDELL, DAVID	
STREET ADDRESS	2124 N.CARDINAL RD.	
CITY-ST-ZIP	AVON PARK FL 33825	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Tindell

Date

2/8/02

Daytime Phone #

863-453-9753

CR2E034 (9/01)