2001 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 17, 2001 8:00 am Secretary of State P00000028938 DOCUMENT # 1. Entity Name CITRUS S & P. INC. 04-30-2001 90121 042 ***150.00 09-17-2001 90012 025 ***550.00 Principal Place of Business Mailing Address 11122 W COVE HARBOR DR 11122 W COVE HARBOR DR DUUDDZJZ **CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For - APPLIED Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POLK, PATRICK D Street Address (P.O. Box Number is Not Acceptable) 11122 W COVE HARBOR DR **CRYSTAL RIVER FL 34428** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST CR2E034 (5/01) ☐ Delete TITLE ☐ Change ☐ Addition POLK, PATRICK D NAME NAME 11122 W COVE HARBOR DR STREET ADDRESS STREET ADDRESS **CRYSTAL RIVER FL 34428** CITY-ST-ZIP CITY-ST-ZIP D۷ TITLE Delete Change ☐ Addition SKALA, E W NAME skala, lorelei STREET ADDRESS 323 MALLARD LN STREET ADDRESS 323 MAUARD LN CITY-ST-ZIP **GRAND ISLAND NE 68802** CITY-ST-ZIP GRAND ISLAND, ☐ Delete TITLE Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition DT NAME POLK, DARLENE E STREET ADDRESS STREET ADDRESS 11122 W COVE HARBOR DR CITY-ST-ZIP CITY-ST-7IP CRYSTAL RIVER, FL TITLE ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachm

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DOCUMENT # P0000028938 1. Entity Name CITRUS S & P, INC.									al	La. al	A MA O	n (8
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2. Principal Place of Business			3. Mailing	3. Malling Address										
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Zip	Z p Country		Zip	Zip Cour			S. Certificate of Status Desired				\$8.75 Additional			Ή
6. Name and Address of Curren			ent Registered A	t Registered Agent			7. Name and Address of New Registered Agen				e Require	<u>d</u>	-	
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1112		HARBOR DR			Street Address			D. Box Num	ber is Not A	cceptable)]
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8. The above	named entit	y submits this statemer	nt for the purpose	of changing its re	gistered	office or	registered	agent, or b	oth, in the S	itate of Flori	ida.			
SIGNATURE	Signature, typed	or printed name of registered a	gent and title if applicable	e. (NOTE: F	Registered Ag	ent eignatu	re required wh	en reinstating)	· 	<u> </u>	DATE			
9. This corpo	oration is eliq	ble to satisfy its Inlang	ible	FILE NOW!!!	FEE IS	\$150.0	00	40.5					.	7
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indicated of the cor	on this repor poration or th	information supplied viter supplemental reporter receiver or trustee en chment with an address	rt is true and accu	rate and that my cute this report as	signature	shall ha	ave the sam	rø legal effe	ct as if mac	le under oat	th; that I am	an officer	or director	1
SIGNAT	URE: _	SKONATURE AND TYPED O	AT PRINTED NAME OF	SIGNING OFFICER OR	DIRECTOR	==			4/20/	01	(852, Davin	795-4	<u>411/</u>	
		PATRIC	K D. Po	<u> </u>										J