

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91369 003 ***150.00

DOCUMENT # P00000028938

1. Entity Name
CITRUS S & P, INC.



Principal Place of Business

~~11122 W COVE HARBOR DR~~
CRYSTAL RIVER FL 34428

Mailing Address

11122 W COVE HARBOR DR
CRYSTAL RIVER FL 34428



2. Principal Place of Business

11040 W. COVE HARBOR DR.

3. Mailing Address

11040 W. COVE HARBOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

CRYSTAL RIVER, FL

City & State

CRYSTAL RIVER, FL

4. FEI Number

59-3621451

Applied For

☐ Not Applicable

Zip

Country

34428

Zip

Country

34428

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLK, PATRICK D

11122 W COVE HARBOR DR

CRYSTAL RIVER FL 34428

Name

DARLENE E. POLK

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

11040 W. COVE HARBOR DR.

City

CRYSTAL RIVER

FL

Zip Code

34428

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

4-24-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☒ Delete
NAME **POLK, PATRICK D**
STREET ADDRESS **11122 W COVE HARBOR DR**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE **DV** ☐ Delete
NAME **SKALA, LORELEI L**
STREET ADDRESS **323 MALLARD LN**
CITY-ST-ZIP **GRAND ISLAND NE 68802**

TITLE **D** ☐ Delete
NAME **SKALA, SCOTT W**
STREET ADDRESS **323 MAILARD LN**
CITY-ST-ZIP **GRAND ISLAND NE 68802**

TITLE **D** ☐ Delete
NAME **POLK, DARLENE E**
STREET ADDRESS **11122 W COVE HARBOR DR**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11040 W. COVE HARBOR DR.**
CITY-ST-ZIP

TITLE **D/P** ☒ Change ☐ Addition
NAME **SKALA, LORELEI L.**
STREET ADDRESS **323 MALLARD LN.**
CITY-ST-ZIP **GRAND ISLAND, NE 68801**

TITLE **DV** ☒ Change ☐ Addition
NAME **SKALA, SCOTT W.**
STREET ADDRESS **1716 KIOWA LN.**
CITY-ST-ZIP **COZAD, NE 69130**

TITLE **DISIT** ☒ Change ☐ Addition
NAME **POLK, DARLENE E**
STREET ADDRESS **11040 W. COVE HARBOR DR.**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/03

308-382-8907

Date Daytime Phone #

CR2E034 (10/02)