

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063246

1. Entity Name

CITRA'S ISLAND GIRLS, INC.

FILED

Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90767 047 \*\*\*150.00

Principal Place of Business

9199 NE 36TH AVE  
ANTHONY FL 32617

Mailing Address

9199 NE 36TH AVE  
ANTHONY FL 32617

2. Principal Place of Business

17052 N. Hgy. 301

3. Mailing Address

Suite, Apt. #, etc.

City & State

CITRA, Florida

City & State

Zip

32113

Country

U.S.A.

Country

4. FEI Number

59-3655463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SERVELLO, MARJORIE  
9199 NE 36TH AVE  
ANTHONY FL 32617

7. Name and Address of New Registered Agent

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

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, 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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SERVELLO, MARJORIE	
STREET ADDRESS	9199 NE 36TH AVE	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, P.J.	
STREET ADDRESS	P.O. BOX 723	
CITY-ST-ZIP	SPARR FL 32192	
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	SECY TREAS - PRES -	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORIE SERVELLO	
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: P.J. Sullivan, C.J. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

352-732-8012

Daytime Phone #

CR2E034 (10/00)