

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91594 049 ***150.00

DOCUMENT # **P00000085043**
 1. Entity Name
CITRUS PARK PROFESSIONAL BUILDERS, INC

Principal Place of Business Mailing Address
132 WHITAKER RD **PO BOX 272046**
STE #A **TAMPA FL 33688**
LUTZ FL 33549 **US**
US

552251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
132 Whitaker Rd. Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste A City & State
 City & State City & State
TAMPA FL City & State
 Zip Country Zip Country
33545 Country Zip Country

4. FEI Number Applied For
59-3671189 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COHN, VANESSA N ESQUIRE
705 WEST AZEELE STREET
TAMPA FL 33606

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 President/Secretary <input type="checkbox"/> Delete	NAME REIBER, TYLER D STREET ADDRESS PO BOX 272046 CITY-ST-ZIP TAMPA FL 33688
TITLE VP <input type="checkbox"/> Delete	NAME Michael Abdoney STREET ADDRESS 4014 W. ESTRELLA ST. UNIT A CITY-ST-ZIP TAMPA, FL 33609
TITLE Treasurer <input type="checkbox"/> Delete	NAME Greg Van Bebber STREET ADDRESS 132 WHITAKER RD, STE A CITY-ST-ZIP TAMPA FL 33549
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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: **Tyler D. Reiber, President** 4/30/01 (813) 909-1819
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR