

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90292 005 ***150.00

0136718 AT

DOCUMENT # **P00000096827**

1. Entity Name
CITRUS RIDGE REALTY, INC.



Principal Place of Business
**115 BATTLEGROVE DR.
DAVENPORT FL 33837**

Mailing Address
**115 BATTLEGROVE DR.
DAVENPORT FL 33837**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3677050**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUTZ, ROSEANN
115 BATTLEGROVE DR.
DAVENPORT FL 33837**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D LUTZ, ROSEANN	115 BATTLEGROVE DR.	DAVENPORT FL 33837	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

NO CHANGE

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:

Roseann Lutz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/03
Date

(863)424-7675
Daytime Phone #

CR2E034 (4/03)



80137850
PO000000916827

CITRUS / RIDGE REALTY, INC.

Office: (863) 424-7675 • Office: (407) 944-9390 • Fax: (863) 424-7825
Email: RoRealtor@CitrusRidgeRealtyInc.com

August 6, 2003

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am requesting a waiver of a \$400.00 late fee for the renewal of my corporation's Uniform Business Report as I did not receive an invoice prior to the receipt of this document.

Per my conversation with your representative Eula, I am enclosing Citrus Ridge Realty, Inc. check number 0283 in the amount of \$150.00.

Please contact me if you require anything further.

Thank you,

Roseann Lutz