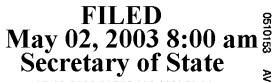
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



1. Entity Name E. CITRUS SERVICE, INC.				05-02-2003 90725 012 ***150.00
Principal Place of Business 1968 RAMON PETTEWAY RD. ZOLFO SPRINGS FL 33890		Mailing Address P.O. BOX 1693 WAUCHULA FL 33873		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-CHECK-HERE-IF: MAKING-CHANGES
City & State		City & State		4. FEI Number 65-1050645 Applied For Not Applicable
Zip	Country .	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
			Name	
MCKIBBEN, JEFF			Street Addre	ss (P.O. Box Number is Not Acceptable)
106 S. 5TH ST., SUITE B			Stieet Addle	iss (r.o. box Number is Not Acceptable)
WAUCHULA FL 33873				
			City	⊏ I Zip Code
	·		City	FL Zip Code
the obligations of SIGNATURE Signature		·	s registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept used when reinstating) DATE
After May 1, 2003, Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be				
1	ole to Florida Department of	f State		Trust Fund Contribution. L.J. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
- TITLE PST		☐ Delete	TITLE	
NAME PACE	, EARL K		NAME	5
	ramon petteway RD.		STREET ADDRESS	7
CITY-ST-ZIP ZOLF	O SPRINGS FL 33890		CITY-ST-ZIP	\ \Omega_{\text{\tin}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\tint\\\ \ti}\\\ \tinithtt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\texi}\text{\texi}\tint{\text{\texi}\text{\text{\text{\text{\text{\texi}\tint{\text{\texi}\tex
TITLE		☐ Delete	TITLE	Change Addition Change Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	•
CITY-ST-ZIP	·		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	•

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

Delete

Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS

TITLE

NAME

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition