

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90262 032 ***150.00

DOCUMENT # P00000115304

1. Entity Name
CITRUS ELITE OF FLORIDA, INC.



Principal Place of Business
305 AVE E S.W.
WINTER HAVEN FL 33880

Mailing Address
305 AVE E S.W.
WINTER HAVEN FL 33880

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3691765**

Applied For
Not Applicable

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

SHUFORD, JAMES E
305 AVE E S.W.
WINTER HAVEN FL 33880

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABE, TAKAAKI	
STREET ADDRESS	305 AVE E S.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SHUFORD, JAMES E	
STREET ADDRESS	305 AVE E S.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ABE, TOSHIYUKI	
STREET ADDRESS	305 AVE E S.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
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	D, P, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abe, Takaaki	
STREET ADDRESS	305 AVE E SW	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hayama, Takeshi	
STREET ADDRESS	305 AVE E SW	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moore, Edward C	
STREET ADDRESS	305 AVE E SW	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Abe, Isao	
STREET ADDRESS	305 AVE E SW	
CITY-ST-ZIP	Winter Haven, FL 33880	
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		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD C. MOORE

4-28-03 (863) 298-0535

Date Daytime Phone #

CR2E034 (10/02)