

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90152 017 ***150.00

DOCUMENT # P01000065731			
1. Entity Name CEE BEE'S CITRUS, INC.			
Principal Place of Business 16900 BOY SCOUT ROAD ODESSA FL		Mailing Address PO BOX 1257 CLEARWATER FL 33757	
2. Principal Place of Business		3. Mailing Address 16900 Boy Scout Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Odessa FL	
Zip	Country	Zip	Country
33556	USA	33556	USA
4. FEI Number 59-3729094		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIBSON, JAMES W 445 COUNTRY CLUB ROAD BELLEAIR FL 33758-1004		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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	Delete		
NAME	BURCHENAL, WILLIAM JR		
STREET ADDRESS	1058 ELDORADO DRIVE		
CITY-ST-ZIP	CLEARWATER FL 33787		
TITLE	Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Delete		
NAME			
STREET ADDRESS			
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TITLE	Delete		
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CITY-ST-ZIP			
TITLE	Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	Change Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Change Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Change Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Change 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 807, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)