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

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

629 FORT MEADE ROAD

FROSTPROOF FL 33843

## P01000120489 DOCUMENT #

1. Entity Name

CRUMBLY CITRUS, INC.

Principal Place of Business

2. Principal Place of Business

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. ATLL EL OOD

Country

6. Name and Address of Current Registered Agent ,

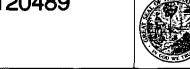
629 FORT MEADE ROAD

FROSTPROOF FL 33843

Suite, Apt. #, etc.

City & State

Zip



Country

**FILED** Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90070 045 \*\*\*150.00

CHECK HERE IF MAKING CHANGES							
4. FEt Number	Applied For						
59-376479	Not Applicable						
5. Certificate of Status Desired							
7Name and Address of New Registered Agent							
to 1. Countdy							
O. Box Number is Not Acceptable)							
FL 3	33843						
agent, or both, in the State of Florida. I am familiar with, and accept							
hen reinstating)  DATE							
9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees						
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
	Change 🗌 Addition						

4111 1200			•				
MIAMI FL	33145		City	ostoroof	FL 338	 :43	
	e named entity submits this statement for the purptions of registered agent.	pose of changing its re	gistered office or I	registered agent, or both, in the State of Florida.	1 am familiar with,	and accept	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			9. Election Campaign Financin Trust Fund Contribution.		May Be I to Fees	
10.	OFFICERS AND DIRECTO	ORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUMBLY, JEREL L 629 FORT MEADE ROAD FROSTPROOF FL 33843	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VD CRUMBLY, RICHARD L 629 FORT MEADE ROAD FROSTPROOF FL 33843	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRUMBLY, DEBORAH L 629 FORT MEADE ROAD FROSTPROOF FL 33843	□ Delete □	NAME STREET ADORESS CITY-ST-ZIP	and the second of the second o	Change	Addition	
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TITLE .  NAME  STREET ADDRESS	1944 1944 1944 1944	Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	

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

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR