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Jul 22, 2003 8:00 am
Secretary of State

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06-19-2003 90042 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000065071

1. Entity Name
CITADELLE CORPORATION

[redacted]

55051894

[redacted]

Principal Place of Business	Mailing Address
591 E. SAMPLE ROAD POMPANO BEACH, FL 33064	591 E. SAMPLE ROAD POMPANO BEACH, FL 33064

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 35-2172748 ☐ 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
GASSANT, MARIE C 22172 BOCA RANCH DR., #C BOCA RATON, FL 33428	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 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	D DELESSY, NELLY G 22172 BOCA RANCH DR. # C BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASSANT, MARIE C 22172 BOCA RANCH DR. # C BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: ______________ 06/13/03 (954) 7838111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

[redacted]

CITADELLE CORPORATION
591 EAST SAMPLE ROAD
POMPANO BEAH, FL 33064
Tel :(954)783-8111

55051894
#P02000065071

To: Florida Department of State
Division of Corporation
P.O. BOX 6327
TALLAHASSEE, FL 32314

Date: June 13, 2003

Ref: Request for Renewal of Citadelle Corporation. Document # P02000065071

From: Marie C. Gassant
591 East Sample Road
Pompano Beach, Fl 33064

To Whom It May Concern:

Enclosed please find check for the amount of $ 150.00 (One Hundred Fifty Dollars) for the renewal of my corporation. This is my fist year , I recently found out that the renewal is on a yearly basis when I was ask to provide evidence of renewal of the corporation for this year.

I am asking for a waiver of penalty if any, I never receive the document for renewal and was not aware of it. I thank you in advance for your help.

Respectfully,

Marie C. Gassant
President