

FILED
Jul 22, 2003 8:00 am
Secretary of State

06-19-2003 90042 036 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000065071			
1. Entity Name CITADELLE CORPORATION			
Principal Place of Business 591 E. SAMPLE ROAD POMPANO BEACH, FL 33064		Mailing Address 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. Fee 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 GASSANT, MARIE C 22172 BOCA RANCH DR., #C BOCA RATON, FL 33428		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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 employees.			
SIGNATURE: _____ 06/13/03 (954) 7838111			

Attachment


CITADELLE CORPORATION
591 EAST SAMPLE ROAD
POMPANO BEACH, 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

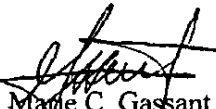
From: Marie C. Gassant
591 East Sample Road
Pompano Beach, FL 33064

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 first 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