



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

DOCUMENT # P02000098744		
1. Entry Name THE CITRUS CONNECTION, INC.		
Principal Place of Business 5420 FOUNTAIN PARK BOULEVARD TAMPA, FL 33617		Mailing Address 5420 FOUNTAIN PARK BOULEVARD TAMPA, FL 33617
2. Principal Place of Business		3. Mailing Address PO Box 290381
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Tampa FLORIDA
Zip		Zip 33687-0381
Country		Country
4. FEI Number 11-3653077		Applied For 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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ DATE _____		
FILE NOW! FILE IS \$50.00 APRIL MAY 17 2003 FEE WILL BE \$450.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete	PTD BEJARES, HERMES D 5420 FOUNTAIN PARK BOULEVARD TAMPA, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	VSD BAJARES, NYLDA D 5420 FOUNTAIN PARK BOULEVARD TAMPA, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	VPRES TORRES, ELIACI M PO BOX 290381 TAMPA FL 33687	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  Hermes J Diaz Bajares		Date 4-24-03 (813) 844-7667

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CHECK HERE IF MAKING CHANGES

CRE0304 (10/02)