

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90154 050 ***150.00

DOCUMENT # P02000101411

1. Entity Name
CITRUS MAINTENANCE GROUP, INC.



Principal Place of Business
16 EDWARD AVENUE
LEEHIGH ACRES FL 33972

Mailing Address
16 EDWARD AVENUE
LEEHIGH ACRES FL 33972



2. Principal Place of Business

16 Edward Avenue
Suite, Apt. #, etc.

3. Mailing Address

16 Edward Avenue
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Lehigh Acres FL

City & State

Lehigh Acres FL

Zip

33972

Country

Zip

33972

Country

4. FEI Number

11-3653769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

John W. Coley

Street Address (P.O. Box Number is Not Acceptable)

16 Edward Avenue

City

Lehigh Acres

FL

Zip Code

33972

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

John W. Coley

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
COLEY, JOHN W
16 EDWARD AVENUE
LEEHIGH ACRES FL 33972

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-2003 (239-369-8899)

Date

Daytime Phone #

CR2E034 (10/02)