

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90070 005 ***150.00

DOCUMENT # P04308

1. Entity Name
SWF CITRUS INC.



Principal Place of Business
CAPITAL AGRICULTURAL PROPERTY SERVICES
201 SOUTH ORANGE AVENUE, STE. 790
ORLANDO FL 32801
US

Mailing Address
STOUGHTON DAVIDSON
1470 WEST HERNDON AVENUE
FRESNO CA 93711
US

2. Principal Place of Business

3. Mailing Address

2520 WEST SHAW LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

City & State

FRESNO CA

Zip

Country

93711

Country

US

4. FEI Number

36-3329686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITAL AGRICULTURAL PROPERTY SERVICES
201 SOUTH ORANGE AVENUE, STE. 790
ORLANDO FL 32801

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 **P** ☐ Delete
NAME **PERKINS, M. C.**
STREET ADDRESS **LINTON PARK PLC, LINTON PARK**
CITY-ST-ZIP **MAIDSTONE, KENT ME174-AB**

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

TITLE **V** ☐ Delete
NAME **KORINS, ROY M.**
STREET ADDRESS **605 THIRD AVE, ESANU, KATSKY, KORINS**
CITY-ST-ZIP **NEW YORK NY 10158**

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

TITLE **TS** ☐ Delete
NAME **UNGER, MERYL L**
STREET ADDRESS **605 THIRD AVENUE, ESANU, KATSKY, KORINS**
CITY-ST-ZIP **NEW YORK NY**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

28 March 2003

Date

Daytime Phone #

CR2E034 (10/02)