2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13270



FILED May 12, 2003 8:00 am Secretary of State 05-12-2003 90224 035 ***550.00

8
ĭ
8
ठ्य
7
`
~

GENERAL CITRUS INTERNATIONAL, INC.								03-12-2003	J0224 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00	
Principal Place of Business 633 N BARRANCA P O BOX 1170 COVINA CA 91722			633 M P O S	Mailing Address 633 N BARRANCA P O BOX 1170 COVINA CA 91722						1 8 8 11 11 8	1811 BLBU B1811 I	
2. Principal F	Place of Busin	ness	3. Mai	iling Address			-			i didii didii d		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4 . Fi	FEI Number 59-2743689			Applied For Not Applicable	
Zip	Zip Country		Zip	<u> </u>				ertificate of Status Desired		Fee Req	Additional uired	
	6. Name	and Address of Curre	nt Registere	ed Agent	.—		7. N	ame and Address of New	Registere	d Agent		
1200 S. F	ORATION S PINE ISLAND ION FL 333	ROAD				Name Street Address	s (P.O. Bo	x Number is Not Acceptab	ole)			
PLANIAII	IUN FL 333	24				City			F	Zip (Code	
	named entity		t for the purp	oose of changing its	registere	ed office or regis	tered age	nt, or both, in the State of F	Florida. I a	m familiar w	rith, and acco	ept
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if app	olicable (NOT	E: Registere	d Agent signature requi	ired when reir	nstating)	DATE			
											•	
		! FEE IS \$150.00 03 Fee will be \$550.0	10					Election Campaign F Trust Fund Contribut	inancing	\$!	5.00 May E	
Afte	r May 1, 200					<u> </u>		Election Campaign F Trust Fund Contribut	inancing	\$!	5.00 May E	
Afte	r May 1, 200	3 Fee will be \$550.0	of State	PRS	11.		ADI		Financing ion.	\$! D Ad	ided to Fees	
Afte Make Check	r May 1, 200	03 Fee will be \$550.0 Florida Department	of State	DRS Delete	11.		ADI	Trust Fund Contribut	Financing ion.	\$! D Ad	ORS IN 11	
After Make Check	r May 1, 200 k Payable to V ANN WILL	OFFICERS AN	of State		_	ſ	ADO	Trust Fund Contribut	Financing ion.	S \$1	ORS IN 11	
After Make Check	r May 1, 200 k Payable to V ANN WILL	OFFICERS AND STREET OF STREET OFFICERS AND STR	of State		TITLE NAMI STRE	ſ	ADC	Trust Fund Contribut	Financing ion.	S \$1	ORS IN 11	
After Make Check 49. TITLE NAME SAREET ADDRESS	V ANN WILL 633 N BA COVINA C	OFFICERS AND SERVICE AND SERVI	of State		TITLE NAMI STRE	E ET ADDRESS -ST-ZIP	ADI	Trust Fund Contribut	Financing ion.	S \$1	ORS IN 11	ition (co/ot) Poored
After Make Check TITLE NAME SARET ADDRESS CITY-ST-ZIP TITLE NAME	V ANN WILL 633 N BA COVINA C PD ALEXANDI	OFFICERS AND OFFIC	of State	☐ Delete	TITLE NAMI STRE CITY TITLE NAMI	E ET ADDRESS -ST-ZIP	ADD	Trust Fund Contribut	Financing ion.	\$! Ac ND DIRECT Chan	ORS IN 11	ition (co/ot) Poored
After Make Check Make Check TITLE NAME SARET ADDRESS CITY-ST-ZIP TITLE	V ANN WILL 633 N BA COVINA C PD ALEXANDI	OFFICERS AND SERVICE STATE OF	of State	□ Delete □ Delete	TITLE NAMI STRE CITY TITLE NAMI STRE CITY	E ET ADDRESSST-ZIP : : : : : : : : : : : : : : : : : : :	ADC	Trust Fund Contribut	Financing ion.	St. Ac	or o	ition (SO)Ot) Pool (SO)
After Make Check Make Check TITLE NAME SARET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V ANN WILL 633 N BAI COVINA C PD ALEXANDI 633 N. BAI COVINA C D	OFFICERS AND OFFIC	of State	☐ Delete	TITLE NAMI STRE CITY- TITLE NAMI STRE CITY-	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ADD	Trust Fund Contribut	Financing ion.	\$! Ac ND DIRECT Chan	or o	ition (SO)Ot) Pool (SO)
After Make Check Make Check TITLE NAME SARET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. URRANCA AVE. CA RYLE D. (ASST.)	of State	□ Delete □ Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ADD	Trust Fund Contribut	Financing ion.	St. Ac	or o	ition (SO)Ot) Pool (SO)
After Make Check Make Check TITLE NAME SARET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. RRANCA AVE. CA RYLE D. (ASST.) "M" NW	of State	□ Delete □ Delete	TITLE NAMM STRE CITY: TITLE NAMM STRE CITY: TITLE NAMM STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ADI	Trust Fund Contribut	Financing ion.	St. Ac	or o	ition (SO)Ot) Pool (SO)
After Make Check Make Check TITLE NAME SARET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. RRANCA AVE. CA RYLE D. (ASST.) "M" NW	of State	☐ Delete ☐ Delete ☐ Delete	TITLE NAMM STRE CITY: TITLE NAMM STRE CITY: TITLE NAMM STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ADD	Trust Fund Contribut	Financing ion.	S\$! Ac ND DIRECT Chan Chan	ORS IN 11 Ige Add Ge Add	ition (ition)
After Make Check TITLE NAME SYNEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. DA ER, SCOTT R. RRANCA AVE. DA RYLE D. (ASST.) "M" NW IAVEN FL	of State	□ Delete □ Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAME STRE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	ADC	Trust Fund Contribut	Financing ion.	St. Ac	ORS IN 11 Ige Add Ge Add	ition (ition)
After Make Check TITLE NAME SYNEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. IRRANCA AVE. CA PYLE D. (ASST.) "M" NW IAVEN FL W.H. (ASST.) "M" N.W.	of State	☐ Delete ☐ Delete ☐ Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAME STRE CITY TITLE NAME STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS	ADC	Trust Fund Contribut	Financing ion.	S\$! Ac ND DIRECT Chan Chan	ORS IN 11 Ige Add Ge Add	ition (ition)
After Make Check TITLE NAME SYNEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V ANN WILL 633 N BA COVINA C PD ALEXANDI 633 N. BA COVINA C D LUND, VEI 333 AVE. WINTER H V NELSON,	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. IRRANCA AVE. CA PYLE D. (ASST.) "M" NW IAVEN FL W.H. (ASST.) "M" N.W.	of State	Delete Delete Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAME STRE CITY TITLE NAME STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E ET ADDRESS	ADI	Trust Fund Contribut	Financing ion.	S\$! ND DIRECT Chan Chan	ORS IN 11 ORS IN Add ORS IN Add ORS IN Add	ition (ition)
After Make Check Make Check Title NAME SYNEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. IRRANCA AVE. CA PYLE D. (ASST.) "M" NW IAVEN FL W.H. (ASST.) "M" N.W.	of State	☐ Delete ☐ Delete ☐ Delete	TITLE NAMM STRE CITY	E ET ADDRESS -ST-ZIP	ADI	Trust Fund Contribut	Financing ion.	S\$! Ac ND DIRECT Chan Chan	ORS IN 11 ORS IN Add ORS IN Add ORS IN Add	ition (Color) rection
After Make Check Make Check Title NAME SYNEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. IRRANCA AVE. CA PYLE D. (ASST.) "M" NW IAVEN FL W.H. (ASST.) "M" N.W.	of State	Delete Delete Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAME STRE CITY TITLE NAME STREI NAME STREI NAME STREI NAME STREI NAME NAME NAME NAME	E ET ADDRESS -ST-ZIP	ADI	Trust Fund Contribut	Financing ion.	S\$! ND DIRECT Chan Chan	ORS IN 11 ORS IN Add ORS IN Add ORS IN Add	ition (Color) rection
After Make Check Make Check Title NAME SYNEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. IRRANCA AVE. CA PYLE D. (ASST.) "M" NW IAVEN FL W.H. (ASST.) "M" N.W.	of State	Delete Delete Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STREI CITY TITLE NAMM STREI	E ET ADDRESS -ST-ZIP E ET ADDRESS	ADD	Trust Fund Contribut	Financing ion.	S\$! ND DIRECT Chan Chan	ORS IN 11 ORS IN Add ORS IN Add ORS IN Add	ition (Color) rection
After Make Check Make Check TITLE NAME SARET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. IRRANCA AVE. CA PYLE D. (ASST.) "M" NW IAVEN FL W.H. (ASST.) "M" N.W.	of State	Delete Delete Delete Delete	TITLE NAMM STRE CITY- TITLE NAMM STRE CITY- TITLE NAME STRE CITY- TITLE NAME STREI CITY- TITLE NAME STREI CITY-	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		Trust Fund Contribut	Financing ion.	St. Ac. ND DIRECT Chan Chan	GRS IN 11 GR Add GR Add GR Add GR Add GR Add GR Add	ition (ition)
After Make Check Title NAME SARET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. IRRANCA AVE. CA PYLE D. (ASST.) "M" NW IAVEN FL W.H. (ASST.) "M" N.W.	of State	Delete Delete Delete	TITLE NAMM STRE CITY- TITLE NAME STRE CITY- TITLE NAME STRE CITY- TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME STREI CITY-	E ET ADDRESS -ST-ZIP		Trust Fund Contribut	Financing ion.	St. Ac.	GRS IN 11 GR Add GR Add GR Add GR Add GR Add GR Add	ition (ition)
After Make Check Make Check TITLE NAME SARET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. IRRANCA AVE. CA PYLE D. (ASST.) "M" NW IAVEN FL W.H. (ASST.) "M" N.W.	of State	Delete Delete Delete Delete	TITLE NAMM STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP		Trust Fund Contribut	Financing ion.	St. Ac. ND DIRECT Chan Chan	GRS IN 11 GR Add GR Add GR Add GR Add GR Add GR Add	ition (ition)
After Make Check TITLE NAME SYSTET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V ANN WILL 633 N BAI COVINA CO	D3 Fee will be \$550.0 D Florida Department OFFICERS AN IAMS RRANCA AVE. CA ER, SCOTT R. IRRANCA AVE. CA PYLE D. (ASST.) "M" NW IAVEN FL W.H. (ASST.) "M" N.W.	of State	Delete Delete Delete Delete	TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STREI CITY TITLE NAMM STREI CITY TITLE NAMM STREI CITY TITLE NAMM STREI CITY	E ET ADDRESS -ST-ZIP		Trust Fund Contribut	Financing ion.	St. Ac. ND DIRECT Chan Chan	GRS IN 11 GR Add GR Add GR Add GR Add GR Add GR Add	ition (ition)

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:

626-966-8361