

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90110 050 ***150.00

DOCUMENT # P35979



1. Entity Name
SUN GROWN CITRUS, INC.

Principal Place of Business
**1857 KELLER ROAD
P. O. BOX 208
FT MEADE FL 33841
US**

Mailing Address
**701 HARGER ROAD
SUITE 190
OAK BROOK IL 60523
US**

90020401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3779440**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

8. The above named entity, by this statement, certifies that it is not changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registration.

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	V	<input type="checkbox"/> Delete
NAME	SCHUSTER, STEPHEN M	
STREET ADDRESS	701 HARGER ROAD STE 190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRANTZ, ARTHUR H.	
STREET ADDRESS	701 HARGER ROAD, #190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUSTAFSON, F. EDWARD	
STREET ADDRESS	701 HARGER ROAD, #190	
CITY-ST-ZIP	OAK BROOK IL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARNETT, JOHN CONNALLY	
STREET ADDRESS	1857 KELLER ROAD	
CITY-ST-ZIP	FT MEADE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

S.M. Schuster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.M. Schuster, V.P.

2/3/03

Date

Daytime Phone #

CR2E034 (10/02)