

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002538

1. Entity Name

CITRUS FLOORS, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90059 022 \*\*\*150.00

Principal Place of Business

Mailing Address

3303 BERRIDGE LN  
 ORLANDO FL 32812

3303 BERRIDGE LN  
 ORLANDO FL 32812-6096

2. Principal Place of Business

3300 Heathgate Ct.  
 Suite, Apt. #, etc.

3. Mailing Address

3300 Heathgate Ct.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3156564

Applied For

Not Applicable

Zip

Country

32812

Zip

Country

32812

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

COX, PEGGY L  
 3303 BERRIDGE LN  
 ORLANDO FL 32812

Name

Cox, Peggy L.

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

3300 Heathgate Ct.

City

Orlando

FL

Zip Code

32812

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PP	<input type="checkbox"/> Delete
NAME	BURKETT, PEGGY L	
STREET ADDRESS	5420 WISTER LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURKETT, TIMOTHY	
STREET ADDRESS	1025 SPRING GARDEN STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cox, Peggy L.	
STREET ADDRESS	3300 Heathgate Ct.	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burkett, Timothy	
STREET ADDRESS	500 W. Airport Blvd, Apt 205	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peggy L. Cox  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

407/482-0668

Daytime Phone #

CR2E034 (9/99)