

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000036946

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: CITRUS RECOVERY CORPORATION

## Current Principal Place of Business:

1717 INDIAN RIVER BLVD.  
STE 100  
VERO BEACH, FL 32960 US

## New Principal Place of Business:

## Current Mailing Address:

N27 W2Y025 PAUL CT  
PO BOX 449  
PEWAUKEE, WI 53072

## New Mailing Address:

N27 W24025 PAUL CT, PO BOX 449  
ATTN: MARY C. MISKE  
PEWAUKEE, WI 53072 US

FEI Number: 65-0415993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHALL, JACK E  
3495 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33160 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STRAKA, J. MICHAEL  
Address: 36076 N BEACH RD  
City-St-Zip: LAKE OCONOMOWOE, WI 53066

Title: D ( ) Delete  
Name: BONNELL, STEPHEN  
Address: N28 W22367 FOX WOOD LANE  
City-St-Zip: WAUKESHA, WI 53816

Title: DS ( ) Delete  
Name: STRAKA, DONALD  
Address: N53 W14147 INVERV CT  
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: P ( ) Delete  
Name: SCHALL, JACK  
Address: 3495 NE 163RD STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T ( ) Delete  
Name: KLITZING, STEVEN  
Address: 1391 FOREST VIEW LANE  
City-St-Zip: OCONOMOWOC, WI 53066

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: STRAKA, J. MICHAEL  
Address: 36076 N BEACH RD  
City-St-Zip: LAKE OCONOMOWOC, WI 53066

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: KLITZING, STEVEN T  
Address: 1391 FOREST VIEW LANE  
City-St-Zip: OCONOMOWOC, WI 53066

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN T. KLITZING

T

04/29/2003

Electronic Signature of Signing Officer or Director

Date