FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053255 1. Entity Name CITRUS PARK REALTY, INC.					Feb 06, 2002 8:00 am Secretary of State 02-06-2002 90019 042 ***150.00			
Principal Place of Business 4930 SANDPIPER LANE SOUTH ST. PETERSBURG FL 33711		Mailing Address 4930 SANDPIPER LANE SOUTH ST. PETERSBURG FL 33711						
2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
					DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FE	1 Number 59-3364974		pplied For ot Applicable	
Zip Country		Zip Country		5 . Ce	5. Certificate of Status Desired Sa.75 Additional Fee Required			
	6. Name and Address of Current Re	egistered Agent		7. Na	me and Address of New Register		-	
EDICMAM DDI ICE				Name -				
Frieman, Bruce ·′ 4930 Sandpiper Lane South			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
ST. PETE	RSBURG FL 33711				THE THE S			
			City			Zip Cod	le	
8. The above	e named entity submits this statement for t	he purpose of changing its	registered office or regis	tered ager	nt, or both, in the State of Florida.	1		
SIGNATURE	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE	: Registered Agent signature requ	ired when rein:	1-13-02 DA	TE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St						
11.	OFFICERS AND DI		12.	ADD	TIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP	P FRIEMAN, BRUCE W. 4930 SANDPIPER LANE SOUTH ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE Name Street address		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE					
NAME STREET ADDRESS CITY-ST-ZIP		L_ Delete	NAME STREET ADDRESS CITY-ST-ZIP	n	um — governor (a financia) — au	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
	certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or histee empowe or on an attachizent with an address, with	is filing does not qualify for ue and accurate and that me ered to execute this report a n all other like empowered.	the exemption stated in 9	e same leg 07, Florida	al effect as if made under oath; tha Statutes; and that my name appea	certify that the ir t I am an officer rs in Block 11 or – 13–02	nformation or director Block 12 if	

Date

Daytime Phone #