

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90130 038 \*\*\*150.00

<b>DOCUMENT #</b> P96000084912
<b>1. Entity Name</b> CITRUS ABC, INC.

**DO NOT WRITE IN THIS SPACE**

**11029463**

<b>2. Principal Place of Business</b> 4700 SHERIDAN ST. Suite, Apt. #, etc. #N	<b>3. Mailing Address</b> C/O J ROSENBERG, CPA Suite, Apt. #, etc. 4700 SHERIDAN ST., #N
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**DO NOT WRITE IN THIS SPACE**

<b>City &amp; State</b> HOLLYWOOD, FL	<b>City &amp; State</b> HOLLYWOOD, FL	<b>4. FEI Number</b> 65-0702564	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33021	<b>Country</b> U.S.A.	<b>Zip</b> 33021	<b>Country</b> U.S.A.

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
ROSENBERG, JACK CPA  
**Street Address (P.O. Box Number is Not Acceptable)**  
4700 SHERIDAN ST., BLDG N  
**City**  
HOLLYWOOD **FL** **Zip Code**  
33021

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> P	<b>NAME</b> SCHAFFNER, BEAT	<b>TITLE</b>	
<b>STREET ADDRESS</b> 4700 SHERIDAN ST., BLDG N		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> HOLLYWOOD, FL 33021		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> S	<b>NAME</b> BAKO-SCHAFFNER, JANET	<b>TITLE</b>	
<b>STREET ADDRESS</b> 4700 SHERIDAN ST., BLDG N		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> HOLLYWOOD, FL 33021		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> AS	<b>NAME</b> ROSENBERG, JACK CPA	<b>TITLE</b>	
<b>STREET ADDRESS</b> 4700 SHERIDAN ST., BLDG N		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> HOLLYWOOD FL 33021		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

JACK ROSENBERG

04/27/03 954-989-7462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #