

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013530

1. Entity Name

CITRA-CARE, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90033 045 ***150.00

Principal Place of Business

960 EAST LINCOLN AVENUE
LABELLE FL 33935

Mailing Address

PO BOX 1063
ALVA FL 33920-1963
US

2. Principal Place of Business

1017 Canton Ave.

3. Mailing Address

PO Box 1063

Suite, Apt. #, etc.

Lehigh, Florida

Suite, Apt. #, etc.

City & State

City & State

Alva, Florida

Zip

33972

Country

U.S.

Zip

33920-1963

Country

U.S.

4. FEI Number

65-0819082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DANIEL C
960 EAST LINCOLN AVENUE
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name

Murphy Daniel C

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

1017 Canton Ave.

City

Lehigh

FL

Zip Code

33972

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

Daniel C. Murphy President

DATE

4/3/00

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

TITLE PD ☐ Delete
NAME MURPHY, DANIEL C
STREET ADDRESS 960 EAST LINCOLN AVENUE
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Daniel C. Murphy
STREET ADDRESS 1017 Canton Ave
CITY-ST-ZIP Lehigh, FL 33972

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: Daniel C. Murphy President 4/3/00 941-410-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)