

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000089070**

1. Entity Name

CITRUS DEALER SERVICES CORPORATION**FILED****May 09, 2000 8:00 am**
Secretary of State

05-09-2000 90007 047 ***150.00

Principal Place of Business

**645 W. MICHIGAN ST.
ORLANDO FL 32805**

Mailing Address

**P. O. BOX 568245
ORLANDO FL 32856-8245**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3540533**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SHAW, PAMELA N
645 W. MICHIGAN ST.
ORLANDO FL 32805****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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**TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **BURDEN, RANDY O**
CITY-ST-ZIP **1611 S. SUMMERLIN AVE.
ORLANDO FL 32806**TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **MATHES, PATRICK C III**
CITY-ST-ZIP **641 W. MICHIGAN ST.
ORLANDO FL 32805**TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SHAW, PAMELA N**
CITY-ST-ZIP **2901 S OSCEOLA ST
ORLANDO FL 32806**TITLE ☐ Delete
NAME **S**
STREET ADDRESS **RUSSELL, DOUGLAS**
CITY-ST-ZIP **2861 DELANEY ST
ORLANDO FL 32806**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Douglas P. Hooker**
CITY-ST-ZIP **5511 Hansel Ave
Orlando, FL 32809**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

PAMELA N SHAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-25-00**

Date

407-426-8252

Daytime Phone #