

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

DOCUMENT # 98000098648

1. Entity Name

Citrus Landscaping Design, Inc.



FILED

03 NOV 19 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

49 Shores Boulevard

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

32086

Country

St. Johns

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Alice Edwards

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

49 Shores Boulevard

City

St. Augustine, FL

FL

Zip Code

32086

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 Alice Edwards

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

SIGNATURE: Alice Edwards

(NOTE: Registered Agent signature required when reinstating)

DATE: 11/14/03

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
Antony Gram  
49 Shores Boulevard  
St. Augustine Shores, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Rudy Gram  
49 Shores Boulevard  
St. Augustine Shores, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Rudy Gram, Vice President

Date: 11/05/03 Phone: 904-794-7900

Date

Daytime Phone #

CR2E034B (12/02)