

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90144 040 ***150.00

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DOCUMENT # P99000011842

1. Entity Name
MCCULLOUGH CITRUS, INC.



Principal Place of Business
215 JAVA AVE. NE
LAKE PLACID FL 33852

Mailing Address
215 JAVA AVE. NE
LAKE PLACID FL 33852

2. Principal Place of Business

200 Huntley Oaks Blvd
Suite, Apt. #, etc.

3. Mailing Address

200 Huntley Oaks Blvd
Suite, Apt. #, etc.

City & State
Lake Placid, FL

Zip
33852

Country
USA

City & State
Lake Placid, FL

Zip
33852

Country
USA

4. FEI Number **65-0902117**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCCULLOUGH, DARRELL W
215 JAVA AVE. NE
LAKE PLACID FL 33852

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **DPST** ☐ Delete
NAME **MCCULLOUGH, DARRELL W**
STREET ADDRESS **215 JAVA AVE. NE 200 Huntley Oaks Blvd**
CITY-ST-ZIP **LAKE PLACID FL 33852**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Darrell Wayne McCullough** **4-13-03 (863) 699-1721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)