

200c UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014597

1. Entity Name
GULF CITRUS CARETAKING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90269 030 ***150.00

Principal Place of Business
2825 TAMiami TR., BLDG. C
PUNTA GORDA FL 33951

Mailing Address
P.O. DRAWER 511447
PUNTA GORDA FL 33951-1447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0896555		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Appl.cable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

HACKETT, JACK O II
115 W. OLYMPIA ACE.
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WINSLOW, GEORGE A 2825 TAMiami TR., BLDG. C PUNTA GORDA FL 33951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

WATSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George A. Winslow, President

4/9/01

Date

941-

575-1505

Daytime Phone #

CR2E034 (10/00)