

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91395 046 \*\*\*150.00

0652372 SP

<b>DOCUMENT # P99000047936</b>			
1. Entity Name <b>SOUTHERN GULF CITRUS, INC.</b>			
Principal Place of Business <b>24341 CAPTAIN KIDD BLVD PUNTA GORDA FL 33955</b>		Mailing Address <b>24341 CAPTAIN KIDD BLVD PUNTA GORDA FL 33955</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0918458</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HACKETT, JACK O II 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950</b>		7. Name and Address of New Registered Agent Name <b>HACKETT, JACK O. II</b> Street Address (P.O. Box Number is Not Acceptable) <b>99 Nesbit Street</b> City <b>Punta Gorda, FL</b> Zip Code <b>33950</b>	
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE </div> <div>3/19/02</div> </div> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PSTD SULLIVAN, JAYNE CLAIRE 24341 CAPTAIN KIDD BLVD PUNTA GORDA FL 33955</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SULLIVAN, MATTHEW M JR. 24341 CAPTAIN KIDD BLVD PUNTA GORDA FL 33955</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

**SIGNATURE:**

**JCLAIRESULLIVAN 3-3-2 (941) 575-6079**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #