## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000052662 DOCUMENT #

1. Entity Name

Principal Place of Business

350 E. NORVELL BRYANT HWY.

ESSENCE OF CITRUS HILLS, INC.



**FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90132 033 \*\*\*150.00

002002	
Mailing Address 350 E. NORVELL BRYANT HWY. HERNANDO FL 34442	

Suite, Apt. #, etc.    CHECK HERE IF MAKING CHANGES	HERNANDO FL 34442			HERNANDO FL 34442									
City & State  City & State  City & State  City & State  Country  Country  Country  Country  S. Certificate of Status Desired  To Name  MACAISA, JOSEFINA  SSOE = NORMEL BRYANT HWY.  HERNANDO FL 34442  City  FL	2. Principal Place of Business				3. Mailing Address				: 1991(06) 115 101(0 1811) 081(1 95(1)	BOLET VEIDT AT	IB !(B) <b>( 0</b> }(1 <b>)</b> {	ļiti <b>u</b> 11 <b>01 (801</b>	
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MACAISA, JOSEFINA 350 E. NORVELL BRYANT HWY. HERNANDO FI. 34442  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Davis of Regi		6. Name	and Address of Current F	Registere	d Agent			7.71	Name and Address of New Re	gistered A	gent		
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City FL Zip Code  6. 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    Signature, topical or printer name of registered agent. In the Printer of State							Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and vite it inglitable.   INDICE Registered Agent signature required when rendeting)   DATE	HERNANDO FL 34442												
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FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  D  MACAISA, JOSEFINA  STREET ADDRESS  TITLE  D  ACCIDAC, FE J  STREET ADDRESS  CITY-ST-2P  TITLE  D  Change  Addition  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  D  CHANGE  STREET ADDRESS  CITY-ST-2P  TITLE  D  CHANGE  STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  C Change Addition  Addition  TITLE  C Change Addition  TI													
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Thereby being margine mornation supplied with this mining does not quality for the exemption stated in Section 1.19.07(5)(f), Frontia statutes. Find 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.