

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90166 014 \*\*\*150.00

**DOCUMENT # P99000090309****1. Entity Name**  
**GWINN CITRUS, INC.****Principal Place of Business**  
**135 EAST NORTHSIDE DRIVE**  
**LAKE WALES FL 33853****Mailing Address**  
**PO BOX 136**  
**LAKE WALES FL 33859**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **59-3602895**Applied For  
Not Applicable

Zip Country

Zip Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GWINN, ROBERT JR**  
**135 EAST NORTHSIDE DRIVE**  
**LAKE WALES FL 33853**

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**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D** ☐ Delete  
**NAME** **GWINN, ROBERT JR**  
**STREET ADDRESS** **135 EAST NORTHSIDE DRIVE**  
**CITY-ST-ZIP** **LAKE WALES FL 33853****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **T** ☐ Delete  
**NAME** **GWINN, SALLY MAE**  
**STREET ADDRESS** **135 E NORTHSIDE DR**  
**CITY-ST-ZIP** **LAKE WALES FL 33853****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

GWINN CITRUS INC  
P.O. BOX 136  
LAKE WALES FL 33859

Attachment  
972335  
#P99000090809

7/30/02

TO WHOM IT MAY CONCERN,

I DID NOT RECEIVE THE FIRST NOTICE FOR MY-2002 UNIFORM BUSINESS  
REPORT. SINCE I DID NOT RECEIVE THE FIRST NOTICE AND I DID NOT KNOW THAT IT  
WAS DUE I DON'T FEEL THAT I SHOULD BE PENALIZED FOR BEING LATE.

THANK YOU FOR YOUR CONSIDERATION,



MR. ROBERT GWINN JR.  
GWINN CITRUS INC.