

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90060 046 ***150.00

DOCUMENT # S03230

1. Entity Name
J & S CITRUS, INC.

Principal Place of Business

**131 N. RIVERVIEW
LABELLE FL 33975
US**

Mailing Address

**131 N. RIVERVIEW
LABELLE FL 33975
US**

2. Principal Place of Business

PO Box 1297
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1297
Suite, Apt. #, etc.

City & State

Arcadia FLA

City & State

Arcadia FLA

4. FEI Number **59-3045005**

Applied For

Not Applicable

Zip

34265

Country

US

Zip

34265

Country

US

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

**WALDRON, EUGENE W JR.
124 N. BREVARD AVE.
ARCADIA FL 33821**

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.

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 **DST** ☒ Delete
NAME **STRICKLAND, T. A.**
STREET ADDRESS **4864 NW COKER ST**
CITY-ST-ZIP **ARCADIA FL**

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

TITLE **DP** ☐ Delete
NAME **HOVEY, SUSAN Y**
STREET ADDRESS **4827 SE HWY 70**
CITY-ST-ZIP **ARCADIA FL**

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

TITLE **DVP** ☐ Delete
NAME **HOVEY, DONALD W**
STREET ADDRESS **4827 SE HWY 70**
CITY-ST-ZIP **ARCADIA FL**

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

TITLE **MDST** ☐ Delete
NAME **STRICKLAND, RICHARD K**
STREET ADDRESS **131 NORTH RIVERVIEW (POB 1720)**
CITY-ST-ZIP **LABELLE FL 33975**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1261 Riverbend Drive P.O. Box 1723**
CITY-ST-ZIP **Labelle FL 33975**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Donna M Strickland**
CITY-ST-ZIP **1261 Riverbend Drive P.O. Box 1723**
Labelle FL 33975

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: **Richard K Strickland**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-01

Date

863-381-2676

Daytime Phone #

CR2E034 (10/00)