

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90091 023 ***150.00

DOCUMENT # S52490

1. Entity Name

PREMIUM CITRUS, INC.

Principal Place of Business

**2906 GORVE DR
 FT PIERCE FL 34981**

Mailing Address

**2906 GORVE DR
 FT PIERCE FL 34981**

00031078

2. Principal Place of Business

2650 S. Kings Hwy
 Suite, Apt. #, etc.

3. Mailing Address

2650 S. Kings Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

65-0262869

Applied For

Not Applicable

Zip

34945

Country

St. Lucie

Zip

34945

Country

St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DRISCOLL, PAUL J
 2906 GROVE DRIVE
 FT PIERCE FL 34981**

7. Name and Address of New Registered Agent

Name **Sherwood J. Johnson**

Street Address (P.O. Box Number is Not Acceptable)

2650 S. Kings Hwy

City **Fort Pierce,**

FL

Zip Code **34945**

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 **Paul J. Driscoll, Secretary**
 Signature, typed or printed name of registered agent and title if applicable.

Sherwood J. Johnson **1-9-02**
 (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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DRISCOLL, PAUL J 2906 GROVE DR FT PIERCE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, JOHN C 44 LAKE BEAUTY DRIVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARNES, C DURHAM 44 LAKE BEAUTY DRIVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sherwood J. Johnson - Treas 2650 S Kings Hwy Fort Pierce, FL 34945	<input type="checkbox"/> Delete Dir
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul J. Driscoll - Sec 2906 Grove Drive Fort Pierce, FL 34981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sherwood J. Johnson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 **561-461-7725**
 Date Daytime Phone #

CR2E034 (9/01)