

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91416 042 ***150.00

DOCUMENT # S54892

1. Entity Name
WHITE GLOVE SERVICE OF CITRUS COUNTY, INC.



Principal Place of Business
**65 SOUTH LINCOLN AVENUE
BEVERLY HILLS FL 34464
US**

Mailing Address
**65 S. LINCOLN AVENUE
BEVERLY HILLS FL 34465
US**



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 **59-3067722**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WARD, ALICE J.
65 S LINCOLN AVENUE
BEVERLY HILLS FL 34464**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

PST ☐ Delete
**WARD, ALICE J.
65 S LINCOLN AVENUE
BEVERLY HILLS FL**

D ☐ Delete
**WARD, ALICE J.
65 SOUTH LINCOLN AVENUE
BEVERLY HILLS FL**

VD ☐ Delete
**WARD, JONATHAN D.
65 S LINCOLN AVENUE
BEVERLY HILLS FL**

TD ☐ Delete
**WARD, JOSEPH L.
8 S. TYLER STREET
BEVERLY HILLS FL**

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **ALICE J. WARD** **4/28/03 (352) 522-8439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)