

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90006 016 ***150.00

DOCUMENT # V17475

1. Entity Name
STORY CITRUS SERVICES, INC.

Principal Place of Business Mailing Address
141 FAIRCHILD STREET **PO BOX 1063**
BABSON PARK FL 33827 **BABSON PARK FL 33827**
US

644535



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
953 MANN RD. **P.O. Box 1063**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BABSON PARK **BABSON PARK**
 Zip Country Zip Country
33827-1063 **33827-1063**

4. FEI Number **59-3111471** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VICTOR B. STORY JR.
141 FAIRCHILD ST
BABSON PARK FL 33827

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
953 MANN RD
 City **BABSON PARK** Zip Code **33827-1063**

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 **4-17-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) 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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STORY, VICTOR B. JR	
STREET ADDRESS	141 FAIRCHILD ST	
CITY-ST-ZIP	BABSON PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STORY, ANN H.	
STREET ADDRESS	141 FAIRCHILD ST	
CITY-ST-ZIP	BABSON PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(c), 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 an other like empowered.

SIGNATURE: **Victor B. Story Jr.** **4-17-01** **863-678-7647**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)