

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90032 036 ***150.00

DOCUMENT # 229834

1. Entity Name

POINSETTIA GROVES INC

Principal Place of Business

Mailing Address

1481 8TH AVE.
 VERO BEACH FL 32960

P O BOX 1388
 VERO BEACH FLA 32961-1388
 US

DUUUUJ10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0882352**

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

HUDSON, JOHN B
4726 PEBBLE BAY CIR.
VERO BEACH FL 32963

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, 2000 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	VD	<input type="checkbox"/> Delete
NAME	HUDSON, JOHN B	
STREET ADDRESS	4726 PEBBLE BAY CIR	
CITY-ST-ZIP	VERO BCH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HUDSON, E D	
STREET ADDRESS	4726 PEBBLE BAY CIR	
CITY-ST-ZIP	VERO BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUDSON JR, JOHN B	
STREET ADDRESS	4015 12TH PL. SW	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRIX, P.H.	
STREET ADDRESS	6620 1ST. ST. SW	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, C	
STREET ADDRESS	4015 12TH PL, SW	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **Isabel D. Hudson** 1/4/00 561-562-3356
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #