

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10-02-2002 90121 019 ****61.25
FILED 289210

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

678826

DOCUMENT # AMMENDED REPORT *289210*

1. Entity Name
B AND E GROVES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1626 W. BERESFORD AVE.

3. Mailing Address
P.O. BOX 3277

Suite, Apt. #, etc.

City & State
DELAND, FLORIDA

City & State
DELAND, FL

Zip
32721

Country
VOLUSIA

4. FEI Number
59-1089572

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MARILYN M. BRILLANTE

Street Address (P.O. Box Number is Not Acceptable)
1626 W. BERESFORD AVE.

City
DELAND

State
FL

Zip Code
32721

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 *Marilyn M. Brillante* **MARILYN M. BRILLANTE** DATE **9-30-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P, SD MARILYN M. BRILLANTE 1626 W. BERESFORD AVE. DELAND, FL 32721	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROSE T. EIDSON 800 W. EUCLID DELAND, FL 32721	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JESSE H. EIDSON 800 W. EUCLID DELAND, FL 32720	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jesse H. Eidson* **JESSE H. EIDSON** DATE **9-30-02** DAYTIME PHONE # **386-734-3832**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (1/201)