2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003
Secretary of State

DOCUMENT# 329906

Entity Name: MAXWELL GROVES INC

Current Principal Place of Business:

249 MAXWELL DRIVE
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

249 MAXWELL DRIVE
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 59-1084951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXWELL, MARY A MS.
249 MAXWELL DRIVE
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARMSTRONG, PEGGY
Address: 8150 BRENT ST APT 721
City-St-Zip: PORT RICHEY, FL 34668

Title: VD ( ) Delete
Name: PERKINS, JOYCE
Address: 7735 DEERFIELD RD
City-St-Zip: LIVERPOOL, NY 13090

Title: STD ( ) Delete
Name: MAXWELL, MARY A MS
Address: 249 MAXWELL DRIVE
City-St-Zip: WAUCHULA, FL 33873

Title: V ( ) Delete
Name: PERKINS, WILLIAM H
Address: 7735 DEERFIELD RD
City-St-Zip: LIVERPOOL, NY 13090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H PERKINS MR 01/30/2003

Electronic Signature of Signing Officer or Director — Date