

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0662837 AB

**DOCUMENT # 587960**

1. Entity Name  
**MERRITT ISLAND GROVES, INCORPORATED**



04-28-2003 91455 019 \*\*\*150.00

Principal Place of Business  
**2661 N UP SHUR ST  
ARLINGTON VA 22207**

Mailing Address  
**2661 N UP SHUR ST  
ARLINGTON VA 22207**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **54-1091084**  
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**

**RYFFEL, GEORGE G  
7520 RIDGEWOOD AVE  
#210  
CAPE CANAVERAL FL 32920**

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

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	AST	<input type="checkbox"/> Delete
NAME	CAROLYN J. RYFFEL	
STREET ADDRESS	2661 N UP SHUR ST	
CITY-ST-ZIP	ARLINGTON, VA 22207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RYFFEL, RUTH C	
STREET ADDRESS	2661 N UP SHUR ST	
CITY-ST-ZIP	ARLINGTON, VA 22207	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RYFFEL, GEORGE GUSTAVE	
STREET ADDRESS	2661 N. UP SHUR STREET	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	TRS.	<input type="checkbox"/> Delete
NAME	RYFFEL, GEORGE G II	
STREET ADDRESS	13028A SHADYSIDE LANE	
CITY-ST-ZIP	GERMANTOWN MD 20874	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KATHRYN NAVASCUES</b>	
STREET ADDRESS	<b>4805-46th ST NW</b>	
CITY-ST-ZIP	<b>WASHINGTON, D.C. 20016</b>	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: George G. Ryffel **GEORGE G. RYFFEL, PD** **3/28/03** **(703) 525-2570**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)