

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90858 010 ***150.00

DOCUMENT # G28089

1. Entity Name
RENMAR GROVES, INC.



Principal Place of Business
**650 N ROCK RD
P.O. BOX 2457
FT. PIERCE FL 34945
US**

Mailing Address
**P.O. BOX 2457
FT. PIERCE FL 34954-9457
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business -

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2338889**

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

**SCOTT, DAN C
650 N. ROCK ROAD
FT. PIERCE FL 34945**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, MARY F. 1010 S. 9TH ST. FT. PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, EDGAR A. WEST-INDRIO RD FT. PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, DAN C. 650 N. ROCK RD. FT. PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, WAYNE A 1809 BAYSHORE DR. FT. PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 772-461-7425
Date Daytime Phone #

CR2E034 (10/02)