

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90153 010 ***150.00

DOCUMENT # H44092



1. Entity Name
MCMULLEN GROVE CO.

Principal Place of Business
**7208 NEPTUNE WAY
POST OFFICE BOX 927
RIVERVIEW FL 33568-927
US**

Mailing Address
**7208 NEPTUNE WAY
POST OFFICE BOX 927
RIVERVIEW FL 33569**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2530735**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMULLEN, WILLIAM R.
7208 NEPTUNE WAY
RIVERVIEW FL 33569**

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD <input type="checkbox"/> Delete
NAME	MCMULLEN, WILLIAM R.
STREET ADDRESS	7208 NEPTUNE WAY
CITY-ST-ZIP	RIVERVIEW FL
TITLE	SD <input type="checkbox"/> Delete
NAME	SLEDGE, MARIE M.
STREET ADDRESS	7208 NEPTUNE WAY
CITY-ST-ZIP	RIVERVIEW FL
TITLE	D <input type="checkbox"/> Delete
NAME	ALFONSO, LINDA M.
STREET ADDRESS	7208 NEPTUNE WAY
CITY-ST-ZIP	RIVERVIEW FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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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: *Marie M Sledge* **Marie M Sledge** **2-28-03** **813-689-6997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)