

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90237 029 ***150.00

DOCUMENT # **P97000065291**



1. Entity Name
BENNETT GROVES, INC.

Principal Place of Business
**700 40TH AVENUE N.E.
ST. PETERSBURG FL 33703-5908**

Mailing Address
**700 40TH AVENUE N.E.
ST. PETERSBURG FL 33703-5908**

40001123



2. Principal Place of Business
6670 W BERLEAH RD

3. Mailing Address
700 40 AV. NE.

Suite, Apt. #, etc.
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

CHECK HERE IF MAKING CHANGES

Zip
33703

Country
FLORIDA

Zip
33703

Country
FLORIDA

4. FEI Number **59-3467985**

Applied For
 Not Applicable

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

IOTT, OUIDA B
700 40TH AVENUE N.E.
ST. PETERSBURG FL 33703-5908

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 *Ouida B. Iott* 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 NAME STREET ADDRESS CITY-ST-ZIP	ST IOTT, OUIDA B 700 40TH AVENUE N.E. ST. PETERSBURG FL 33703-5908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALINERO, MARIE B BOX 8494 MADEIRA BEACH FL 33738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, RICHARD 18630 TYLER ROAD ODESSA FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empow

SIGNATURE: *Ouida B. Iott*

Ouida B. Iott
700 40th Ave. NE
St. Petersburg, FL 33703-5908

727-
1/13/03 8982440
Date Daytime Phone #

CR2E034 (10/02)