2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

Mar 13, 2002 8:00 am DOCUMENT # P99000026437 **Secretary of State** 1. Entity Name 03-13-2002 90087 007 ***150.00 S. L. Y. GROVES, INC. Principal Place of Business Mailing Address 13711 W HWY 450 P O BOX 387 **UMATILLA FL 32784 UMATILLA FL 32784** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3568527 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Sara S. Land LAND, SARA S Street Address (P.O. Box Number is Not Acceptable) 590 N CENTral Ave **521 N CENTRAL AVE** UMATILLA FL 32784 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) Addition TITLE Delete TITLE Change NAME STRAKER, HAROLD NAME STREET ADDRESS CR2E034 STREET ADDRESS PO BOX 387 CITY-ST-7IP CITY-ST-ZIP UMATILLA FL 32784 Change TITLE Delete TITLE ☐ Addition NAME NAME STRAKER, HARRY STREET ADDRESS STREET ADDRESS PO BOX 1 CITY-ST-7IP CITY-ST-ZIP **AURORA NC 27806** ☐ Delete [Change TITI F TITLE ☐ Addition NAME NAME LAND, SARA STREET ADDRESS STREET ADDRESS PO BOX 744 CITY-ST-ZIP CITY-ST-ZIP umatilla FL 32784 TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 11 or Block 12 if

FILED

3/1/02 352-669-2749
Data Davi,me Phone #