

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90129 003 ***150.00

DOCUMENT # 143103

1. Entity Name
CUMMINGS GROVES CORPORATION



Principal Place of Business
**526 PARK ST.
PO BOX 1299
SEBRING FL 33871-1299
US**

Mailing Address
**526 PARK ST.
PO BOX 1299
SEBRING FL 33871-1299
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-0535645**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARSHMAN, W.E.
526 PARK STREET
SEBRING FL 33870**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
SCHUMACHER, C R
1901 DE SOTO PLACE
SEBRING FL** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
VICKERS, BARBARA
1228 STENWAHEE AVE.
SEBRING FL** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
HARSHMAN, W. E.
1416 NW LAKEVIEW DR.
SEBRING FL** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ASD
KOCH, LOUISE S.
1908 DELEON PLACE
SEBRING FL** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ATD
ANDREWS, EMMETT
2237 NE LAKEVIEW DR
SEBRING FL** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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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, trustee or 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: *C. R. Schumacher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

Daytime Phone #

CR2E034 (10/02)