

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90148 042 ***150.00

DOCUMENT # 147041

1. Entity Name

STRAWN GROVES INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5707 North US 17

3. Mailing Address

5707 North US 17

Suite, Apt. #, etc.

P. O. Box 100

Suite, Apt. #, etc.

P. O. Box 100

DO NOT WRITE IN THIS SPACE

City & State

DeLeon Springs, FL 32130

City & State

DeLeon Springs, FL 32130

4. FEI Number

59-0575506

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN R. STRAWN

Street Address (P.O. Box Number is Not Acceptable)

324 West Retta

City

DeLeon Springs,

FL

Zip Code 32130

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

John R. Strawn

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) -** ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME STRAWN, DAVID
STREET ADDRESS 1000 S. Orlando Ave., Unit A-7
CITY-ST-ZIP Maitland, FL 32751

TITLE SD
NAME STRAWN, JOHN R.
STREET ADDRESS 324 West Retta
CITY-ST-ZIP DeLeon Springs, FL 32130

TITLE
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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Strawn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

Daytime Phone #

CR2E034B (12/01)