2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

160827

1. Entity Name

GEM GROVES CO.



Principal Place of Business Mailing Address 288 9TH ST P.O. BOX 770249 WINTER GARDEN FL 34777 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-0841849 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HELLER, HARVEY R. Street Address (P.O. Box Number is Not Acceptable) 288 9TH ST WINTER GARDEN FL 34787 Zip Code City 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) æ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE ☐ Delete HELLER, JAMES NAME NAME 288 9TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP Change ☐ Addition TITLE **VDS** ☐ Delete TITLE NAME NAME HELLER, HARVEY R. STREET ADDRESS STREET ADDRESS 288 9TH STREET CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 VP, D, T Falk, Harry H. 288 9th Street Addition ☐ Change VP, D, T TITLE ☐ Delete TITLE NAME NAME 在Falk, HarryH, STREET ADDRESS STREET ADDRESS 238 9th Street CITY-ST-ZIP Ninter borden FC CITY-ST-ZIP Winter barden, FL 34787 Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90621 006 ***150.00

12. I hereby certify that the information supplied with this filling 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.