2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90002 030 ***150.00

DOCUMENT # 186203

1. Entity Name
ANTHONY GROVES, INC.

Principal Place of Business	Mailing Address
567 STATE ROAD 7 SOUTH ROYAL PALM BEACH FL 33414	567 STATE ROAD 7 SOUTH ROYAL PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1010 10TH AVENUE NORTH	1010 10TH AVENUE NORTH
Suite, Apt. #, etc.: SUITE 3	Suite, Apt. #, etc.: SUITE 3
City & State: LAKE WORTH, FL	City & State: LAKE WORTH FL.
Zip: 33460 Country:	Zip: 33460 Country:

4. FEI Number 59-6077877 ☐ 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
ANTHONY, J. CRAIG 515 STATE RD. 7 SO. ROYAL PALM BEACH FL 33414	Name: H. MARVIN ANTHONY Street Address (P.O. Box Number is Not Acceptable): 1010 10TH AVENUE NORTH SUITE 3 City: LAKE WORTH FL Zip Code: 33460

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 [signature] 3-20-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANTHONY, J. CRAIG 515 STATE ROAD 7 SOUTH ROYAL PALM BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1010 10TH AVENUE NORTH SUITE 3 LAKE WORTH FL. 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ANTHONY, H. MARVIN 567 STATE ROAD 7 SOUTH ROYAL PALM BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1010 10TH AVENUE NORTH SUITE 3 LAKE WORTH FL. 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] x 3-20-01 x 561 5884408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

S16621
Attachment #
186203

* * * * *

ANTHONY GROVES, INC.
INSTRUCTIONS FOR FILING
FLORIDA UNIFORM BUSINESS REPORT
FOR THE YEAR 2001

* * * * *

SIGNATURE . . .

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME) AND DATED WHERE INDICATED BY AN AUTHORIZED OFFICER OF THE CORPORATION.

PAYMENT . . .

A CHECK PAYABLE TO "DEPARTMENT OF STATE" IN THE AMOUNT OF $150 SHOULD BE INCLUDED WITH THE RETURN.

FILING . . .

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE MAY 1, 2001 WITH:

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500