

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

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

200

03-26-2002 90065 018 \*\*\*150.00

DOCUMENT # 218078  
 1. Entity Name  
 Inman Groves, Inc.

**DO NOT WRITE IN THIS SPACE**

**B0051384**

2. Principal Place of Business N.W. 1350 Mirror Terrace Suite, Apt. #, etc.		3. Mailing Address 1350 Mirror Terrace, N.W. Suite, Apt. #, etc. (Take out P.O. Box)		4. FEI Number 59-6068621		Applied For Not Applicable
City & State Winter Haven		City & State Winter Haven, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33881	Country	Zip 33881	Country			

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current 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.

SIGNATURE Lucille M. Smith Lucille M. Smith Pres. 3/15/02  
(Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Lucille Smith 1350 Mirror Terrace, N.W. Winter Haven, FL 33881	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Janice Barry P. O. Box 627 Jupiter, FL 33468	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sydney Smith 3015 Rhodenhaven Atlanta, GA 30327	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Margaret Hutchison P. O. Box 681061 Marietta, GA 30068	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lucille M. Smith Lucille M. Smith 3/15/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)