

**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)

DO NOT WRITE IN THIS SPACE

City & State  
**Winter Haven**

City & State  
**Winter Haven, FL**

4. FEI Number  
**59-6068621**

Applied For  
Not Applicable

Zip  
**33881**

Country

Zip  
**33881**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**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 resigning)

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  
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

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  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(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)