

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 225987**

1. Entity Name

GEORGES GROVE SERVICE INC**FILED**
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90028 048 ***150.00

0487023

Principal Place of Business

505 66TH AVE. SW
P O BOX 2488
VERO BEACH FL 32961

Mailing Address

505 66TH AVE. SW
P O BOX 2488
VERO BEACH FL 32961

C0037553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0850503

Applied For

59-0850505

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

LAMBETH, GEORGE S. JR.
1455 48TH COURT
VERO BEACH FL 32960

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 _____

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 State10. 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 PD
NAME LAMBETH JR,GEORGE S
STREET ADDRESS 1455 48TH COURT
CITY-ST-ZIP VERO BEACH FL ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE VP
NAME LAMBETH, SCOTT W.
STREET ADDRESS 1405 46TH AVE
CITY-ST-ZIP VERO BEACH FL ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE T
NAME LAMBETH, SCOTT W.
STREET ADDRESS 1405 46TH AVE
CITY-ST-ZIP VERO BEACH FL ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE S
NAME JENKINS, JUDY
STREET ADDRESS 7304 CABANA LANE
CITY-ST-ZIP FT PIERCE FL ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/01

Date

561-567-4720

Daytime Phone #

CR2E034 (10/00)