2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

227959 **DOCUMENT #**

1. Entity Name

E CORP OF POLK COLINTY



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90195 009 ***150.00

AIRPORT	GROVE CORP OF POLK	JOONI	T								
Principal Place of Business BOX 65 POINSETTIA AVE. E. OF 3RD ST. ALTURAS FL 33820		BOX (Mailing Address BOX 65 POINSETTIA AVE. E. OF 3RD ST. ALTURAS FL 33820								
2. Principal Place of Business			3. Mailing Address					61611 61411	JEDIL DIRIK DI	HI BINII 1841	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				. □ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	29710094011			oplied For ot Applicable	
Zip	Country			try	5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Curren	Register	ed Agent			7.	Name and Address of New Regi	stered Ag	ent		
					Name		A 2.				
PERDUE,J W-			Street Add			s (P.O. Box Number is Not Acceptable)					
POINSETTIA AVE. E. OF 3RD ST.											
ALTURAS	FL 33820										
	∳				City			FL	Zip Cod	е	
	named entity submits this statement flions of registered agent.	or the purp	pose of changing its	s registere	ed office or regist	tered ag	gent, or both, in the State of Florida	ı. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if app	oficable. (NO	TE: Registere	d Agent signature requi	ired when r	einstating)	: DATE			
	ILE NOW!!! FEE IS \$150.00						9. Election Campaign Finance	ing	\$5.0	10 May Be	
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department c	f State					Trust Fund Contribution.			to Fees	
10.	OFFICERS AND	DIRECTO	DRS	, 11.		ΑĮ	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR:	S IN 11	
TITLE	PD		☐ Delete	TITLE					☐ Change	Addition	
	PERDUE,J W			NAM	· 1						
	POINSETTIA AVE OF 3 ST ALTURAS FL				ET ADDRESS - ST - ZIP						
TITLE	T		Delete	TITLE					Change	Addition	
	DONAHUE, SUSAN E			NAM							
	2065 FLAMINGO DRIVE				ET ADDRESS						
CITY-ST-ZIP	BARTOW FL			_	-ST-ZIP		ia.e.				
TITLE			☐ Delete	TITLE NAMI				L	Change	☐ Addition	
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CITY-ST-ZIP				•	-ST-ZIP	- - .	.	•			
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STREET ADDRESS					ET ADDRESS			•			
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITLE					Change	Addition	
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CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITLE			·	Г	Change	☐ Addition	
NAME			L Delete	NAM	ľ						
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
12. I hereby o	certify that the information supplied wit	h this filing	does not qualify for	or the exe	mption stated in	Section e same	119.07(3)(i), Florida Statutes. I fur legal effect as if made under gath	ther certify	that the is	nformation 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.

SIGNATURE:

225 FRIPER due-Pres-1-16-03-863-537-1110