

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90254 042 \*\*\*150.00

**DOCUMENT # 234677**

1. Entity Name  
**JOHN H. WARDLAW GROVES, INC.**



Principal Place of Business  
**105 S SCENIC HWY  
PO BOX 458  
FROSTPROOF FL 33843**

Mailing Address  
**105 S SCENIC HWY  
PO BOX 458  
FROSTPROOF FL 33843**



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 **59-6063558**

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

**DICKINSON JR, J H  
105 SOUTH SCENIC HIGHWAY  
FROSTPROOF FL 33843**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DICKINSON JR, J H</b>	
STREET ADDRESS	<b>20 HEIGHTS AVENUE</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>DICKINSON, ANNE W.</b>	
STREET ADDRESS	<b>20 HEIGHTS AVENUE</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DICKINSON, JAMES W.</b>	
STREET ADDRESS	<b>20 HEIGHTS AVE.</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Amie W. Dickinson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 11, 2003**  
Date

**863-635-4866**  
Daytime Phone #

CR2E034 (10/02)