

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 244861

1. Entity Name
W & W GROVES COMPANY, INC

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90014 030 ***150.00

0085942 AV

Principal Place of Business
360 GOLF BROOK CIRCLE
APT 104
LONGWOOD FL 32779
US

Mailing Address
360 GOLF BROOK CIRCLE
APT 104
LONGWOOD FL 32779
US

2. Principal Place of Business
105 FOX VALLEY Ct
Suite, Apt. #, etc.

3. Mailing Address
105 FOX VALLEY Ct
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LONGWOOD, FL
Zip
32779
Country
SEMINOLE

City & State
LONGWOOD, FL
Zip
32779
Country
SEMINOLE

4. FEI Number 59-0961025
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFREY L. WEBMAN
360 GOLF BROOK CIRCLE
#104
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
JEFFREY L. WEBMAN
Street Address (P.O. Box Number is Not Acceptable)
105 FOX VALLEY Ct
City
LONGWOOD FL Zip Code
32779

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 JEFFREY L. WEBMAN V.P. Jeffrey L. Webman 1/5/02
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, 2002 Fee will be \$550.00
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 WEBMAN, HAROLD 720 CORAL WAY #13E CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBMAN, JEFF 360 GOLF BROOK CIR #104 LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JEFF WEBMAN 105 FOX VALLEY Ct LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JEFFREY L. WEBMAN V.P. Jeffrey L. Webman 1/5/02 407-415-5162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)