

2002 UNIFORM BUSINESS REPORT (UBR)

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

0414992 AV

DOCUMENT # 253477

1. Entity Name
MCGRATH GROVES INC

03-14-2002 90011 021 ***150.00

Principal Place of Business

1501 W. REYNOLDS ST.
PLANT CITY FL 335674733

Mailing Address

PO DRAWER "X"
PLANT CITY FL 33564
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

567 DR. MUR BLVD W.
Suite, Apt. #, etc.

3. Mailing Address

P.O. DRAWER X
Suite, Apt. #, etc.

City & State

PLANT CITY, FLA.
Zip: 33564

Country

U.S.A.

City & State

PLANT CITY, FLA.
Zip: 33564

Country

U.S.A.

4. FEI Number **59-0991384**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGRATH, LOUIS W
805 N COLLINS ST
PLANT CITY FL 33564

7. Name and Address of New 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

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 **PD** ☒ **Delete**
NAME **MCGRATH, HESTER W**
STREET ADDRESS **1501 W. REYNOLDS**
CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☐ **Delete**
NAME **MCGRATH, L H**
STREET ADDRESS **1501 W. REYNOLDS**
CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☐ **Delete**
NAME **MCGRATH, W M**
STREET ADDRESS **1501 W. REYNOLDS**
CITY-ST-ZIP **PLANT CITY FL**

TITLE **TD** ☐ **Delete**
NAME **MCGRATH, LW.**
STREET ADDRESS **1501 W. REYNOLDS**
CITY-ST-ZIP **PLANT CITY FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT DIRECTOR** ☒ **Change** ☐ **Addition**
NAME **LOUIS W. MCGRATH**
STREET ADDRESS **567 DR. MUR BLVD W.**
CITY-ST-ZIP **PLANT CITY FL 33564**

TITLE **DIRECTOR** ☒ **Change** ☐ **Addition**
NAME **LOUIS H. MCGRATH**
STREET ADDRESS **P.O. DRAWER X 507 DR. MUR BLVD W.**
CITY-ST-ZIP **PLANT CITY FL 33564**

TITLE **DIRECTOR** ☒ **Change** ☐ **Addition**
NAME **WILLIAM F. MCGRATH**
STREET ADDRESS **P.O. DRAWER X 507 DR. MUR BLVD W.**
CITY-ST-ZIP **PLANT CITY FL 33564**

TITLE **SECRETARY DIRECTOR** ☒ **Change** ☐ **Addition**
NAME **LOUIS W. MCGRATH**
STREET ADDRESS **P.O. DRAWER X 507 DR. MUR BLVD W.**
CITY-ST-ZIP **PLANT CITY FL 33564**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

101 (9/01) 404034 CR2E034