2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P.O. BOX 770218

120 SOUTH DILLARD STREET

DOCUMENT # 2

253838

1. Entity Name

P.O. BOX 770218

SPACE GROVES, INC.

Principal Place of Business

120 SOUTH DILLARD STREET



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90212 047 ***150.00



| WINTER GARDEN FL 34777 US | | WINTER GARDEN FLA 34777 US | | | | | | | |
|---|---|-----------------------------------|------------------------------------|--|-----------------------------------|----------------|---------------------------------|---------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | 4. FE | 1 Number 59-0997114 | | | plied For t Applicable | |
| Zip | Country | Zip | Country | 5. Ce | ertificate of Status Desired | | 8.75 Addi ee Required | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| | Name | Name | | | | | | | |
| DUPPENTHALER,D E | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 120 SOUTH DILLARD STREET | | | | | | | | | |
| | ARDEN FL 34787 | | | _ | | | | | |
| 11111121 44 2 12 12 1 1 1 1 1 1 1 1 1 1 | | | City | | | FL | Zip Code | • | |
| | · · · · · · · · · · · · · · · · · · · | | | tared egg | at or both in the State of Flori | | l niliar with. / | and accept | |
| 8. The above the obligation | named entity submits this statement for ons of registered agent. | or the purpose of changing its | registered office or regis | stered age | nt, or both, liftine state of hor | oa. Tuma | Time Time, | | |
| SIGNATURE - | Signature, typed or printed name of registered agent | and title if applicable. (NOTI | E: Registered Agent signature requ | uired when rein | stating) | DATE | | | |
| | LE NOW!!! FEE IS \$150.00 | | | 9. Election Campaign Fina | encina | \$5 O | 0 May Be | | |
| After May 1, 2003 Fee will be \$550.00 | | | | } | Trust Fund Contribution | | | to Fees | |
| Make Check | Payable to Florida Department of | <u> </u> | | | | | 5.01.44 | | |
| 10 | OFFICERS AND | DIRECTORS | 11. | ADE | DITIONS/CHANGES TO OFFI | | | | |
| TITLE | VD | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition 3 | |
| NAME | PURDY, DOUGLAS C | | NAME STREET ADDRESS | | | | | | |
| STREET ADDRESS | 120 S DILLARD STREET | | CITY-ST-ZIP | | | | | | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | | TITLE | | | | ☐ Change | Addition | |
| TITLE | PD | ☐ Delete | NAME | | | | | ' | |
| NAME STREET ADDRESS | GORDON, THOMAS | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | 120 S DILLARD STREET WINTER GRONS, FL 00000 347 | R7 | CITY-ST-ZIP | | | | | | |
| TITLE | STD | ☐ Delete | TITLE | | | • | Change | ☐ Addition | |
| NAME 5- | DUPPENTHALER, DE | e same = empore success # for the | ــي هر: ــ NAME | | | | | - | |
| STREET ADDRESS | 120 S DILLARD ST | | STREET ADDRESS | | | | | ļ | |
| CITY-ST-ZIP | WINTER GRDNS, FL 00000 347 | 87 | CITY-ST-ZIP | | <u> </u> | | | Addition | |
| TITLE | PST | ☐ Delete | TITLE | | | | Change | ☐ A000001 | |
| NAME | ROPER, CHARLIE F | | NAME | | | | | | |
| STREET ADDRESS | 120 S DILLARD ST | | STREET ADDRESS CITY-ST-ZIP | | | | | - { | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | | | | | | Change | Addition | |
| TITLE | AST ISUN IS | ☐ Delete | TITLE NAME | | | | _ , | _ | |
| NAME CTOCCT ADDDECC | JACOBS, JOHN JR. | | STREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 120 S DILLARD STREET WINTER GRDNS, FL 000 <u>00 347</u> | 87 | CITY-ST-ZIP | | | | | | |
| | D | □ Delete | TITLE | | | | Change | Addition | |
| TITLE NAME | BANDINI, ALFRED | | NAME | | | | | | |
| STREET ADDRESS | 120 S DILLARD ST | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | | CITY-ST-ZIP | | | | | | |
| | · | | | | 440 OZIOVI) Florido Statutos | I further cort | attribut the | intormation i | |

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: SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-656-3233

Daytime Phone #