

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90038 041 ***150.00

DOCUMENT # 256107

1. Entity Name

WADE H. WARDLAW GROVES, INC.

Principal Place of Business

COLONIAL HEIGHTS-P O BOX 83
FROSTPROOF FL 33843

Mailing Address

COLONIAL HEIGHTS-P O BOX 83
FROSTPROOF FL 33843

2. Principal Place of Business

749 N. Scenic Hwy.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 986

Suite, Apt. #, etc.

City & State

Frostproof, FL

City & State

Frostproof, FL

Zip

33843

Country

Polk

Zip

33843-0986

Country

Polk

4. FEI Number

59-0981711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, NEWELL A.
324 SUNSET ROAD
FROSTPROOF FL 33843**

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, 2001 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 STRICKLAND, H EDWARD
STREET ADDRESS 319 SUNSET ROAD
CITY-ST-ZIP FROSTPROOF FL

TITLE D ☐ Delete
NAME SMITH, STEPHEN A.
STREET ADDRESS 2561 S.W. 3 RD AVE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE VD ☐ Delete
NAME STRICKLAND, MARY J
STREET ADDRESS 319 SUNSET RD
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE STD ☐ Delete
NAME SMITH, NEWELL A.
STREET ADDRESS 324 SUNSET ROAD
CITY-ST-ZIP FROSTPROOF 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Newell A. Smith

April 11, 2001

Date

863-635-4853

Daytime Phone #

CR2EN34 (10/00)

0630724