

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-14-2001 90038 045 ***150.00

0630786

DOCUMENT # 256108

1. Entity Name

BESSIE M. WARDLAW GROVES INC.

Principal Place of Business

COLONIAL HEIGHTS, PO BOX 83
FROSTPROOF FL 33843

Mailing Address

COLONIAL HEIGHTS, PO 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

Zip

33843

Country

Polk

City & State

Frostproof, FL

Zip

33843-0986

Country

Polk

4. FEI Number

59-0981687

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WARDLAW, BESSIE M
109 COLONIAL HEIGHTS
FROSTPROOF FL**

7. Name and Address of New Registered Agent

Name

Newell A. Smith

Street Address (P.O. Box Number is Not Acceptable)

324 Sunset Road

City

Frostproof

FL

Zip Code

33843

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

Newell A. Smith

Newell A. Smith

April 11, 2001

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, MARY J. WARDLA
STREET ADDRESS 319 SUNSET RD
CITY-ST-ZIP FROSTPROOF, FL 00000

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

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

TITLE VD ☐ Delete
NAME STRICKLAND, H. EDWARD
STREET ADDRESS 319 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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CITY-ST-ZIP

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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:

Newell A. Smith

Newell A. Smith

April 11, 2001 863-635-4853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/90)