2002 UNIFORM BUSINESS REPORT (UBR)

TITLE NAME STRICKLAND, MARY J. WARDLA STREET ADDRESS CITY-ST-ZIP FROSTPROOF, FL 00000 CITY-ST-ZIP CHANGE SMITH, STEPHEN A. STREET ADDRESS CITY-ST-ZIP OKECHOBEE FL 34974 CITY-ST-ZIP TITLE STIDE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	DOCU	2 UNIFORM BUSI JMENT # 25610 M. WARDLAW GROVES INC.	-	PRT	(UBR)	FI Apr 29, 2 Secreta 04-29-2002 9		8:0 Sta		0472923 AV
Sulfa, Apt. #, etc. City & State Curry Zup Country Zup Country Zup Country S. Certificate of Status Desired S. Reaf Regulated Fee Regulated S. Name and Address of Current Registered Agent Name SIGNATIN, NEWELL A 324 SUNSET ROAD FROSTPROOF FL 33843 City City FL Zip Code Steest Address (P.C. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Steest Address (P.C. Box Number is Not Acceptable) FL Zip Code SIGNATURE Turning Addition SIREST ADDRESS SIREST	749 N. SCEN	IIC HWY	DO DOV MA								
City & State Country	2. Principal I	Place of Business	3. Mailing Address		·			HARI OLDHA BROW A		ELI BIEZI IBEZ	
Zip Country Zip Country 5. Certificate of Status Desired Se. 75 Additional Res Required* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name Address (P.C. Box Number is Not Acceptable) FL. City FL. Zip Code FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is Not Acceptable) FL. Name Address (P.C. Box Number is N	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
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SMITH, NEWELL A 324 SUNSET ROAD FROSTPROOF FL 33843 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, upmad or prefed rame of registered agent and title 6 applicable. 9. This corporation is eligible to satisfy its infrangible rax filling registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, upmad or prefed rame of registered agent and title 6 applicable. 9. This corporation is eligible to satisfy its infrangible rax filling registered by the state of Florida and elects to do so (see criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE STRETADORSS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE STRETADORSS 319 SUNSET RO STRETADORSS 319 SUNSET ROAD STRETADORSS STRETA	Zip	Country	Zip	Coun	try	5.			.75 Add	ditional	
SMITH, NEWELL A 324 SUNSET ROAD FROSTPROOF FL 33843 City FL Zip Code 7 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 type of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE This corporation is eligible to satisfy its Intangible Tax Hilling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee		6. Name and Address of Current F	Registered Agent	<u> </u>	<u> </u>		An Company of the Com			<u> </u>	-
Sirest Address (P. C. Box Number is Not Acceptable) City FL Zip Code					Name			.	- "		ĺ
City	•				Street Add	ress (P.O. E	Box Number is Not Acceptable)	2702484			
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 primed name of registered agent and title if applicable. P. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) P. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) P. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) P. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) P. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) P. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) D. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) D. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) D. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) D. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) D. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) D. This corporation is eligible to satisfy its Intangipible Tax filling requirement and elects to do so (See criteria on back) D. This corporation of the state											
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SIGNATURE Signature typed or printed name of registered agent and site if applicable. [NOTE: Registered Agent signature required when reinstating) DATE	8. The above	e named entity submits this statement for	the purpose of changing its	rogistore	d office or re	aiotornal na	contract hash in the Chata of Flair				
TITLE NAME STREET ADDRESS CITY-ST-ZIP OKECHOBEE FL 34974 TITLE STRICKLAND, MARY J. WARDLA STREET ADDRESS CITY-ST-ZIP OKECHOBEE FL 34974 TITLE STREET ADDRESS CITY-ST-ZIP TITLE	9. This corporate Tax filing	Signature, typed or printed name of registered agent are oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	!! FEE 02 Fee	IS \$150.00 will be \$550	.00	10. Election Campaign Finar	ncing			
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