2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 280524 Mar 31, 2000 8:00 am **Secretary of State** GILLIARD GROVE SERVICE, INC. 03-31-2000 90070 016 ***150.00 Mailing Address Principal Place of Business 550 EAST DAVIDSON ST 550 EAST DAVIDSON ST BARTOW FL 33830-3940 BARTOW FL 33830 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1036050 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WRIGHT, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 550 EAST DAVIDSON ST BARTOW FL 33830 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Addition Change VPD ☐ Delete TITLE TITLE WRIGHT, STEVEN R NAME STREET ADDRESS 550 EAST DAVIDSON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BARTOW FL 33830 Addition Change PSTD ☐ Delete TITLE TITLE GILLIÁRD, JOSPEH M NAME NAME STREET ADDRESS STREET ADDRESS 637 POLK RD CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL 33873 Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.