

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-17-2003 90026 018 ***550.00

0136449 AT

DOCUMENT # 281862

1. Entity Name

GABRIEL GROVE SERVICE INC



Principal Place of Business

**ALTURAS LOOP ROAD
POST OFFICE BOX 86
ALTURAS FL 33820**

Mailing Address

**ALTURAS LOOP ROAD
POST OFFICE BOX 86
ALTURAS FL 33820**

00110000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1060776

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TILLIS JR., MONTE J.
190 SOUTH BROADWAY
P.O. BOX 37
BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name

Steven R. Wright

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

550 E. Davidson Street

City

Lakeland

FL

Zip Code
33830

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 - Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GABRIEL, I.J.**
STREET ADDRESS **OAK DRIVE P.O. BOX 212**
CITY-ST-ZIP **ALTURAS FL**

TITLE **VD** ☐ Delete
NAME **SMITH, MARY NELL**
STREET ADDRESS **OAK DRIVE P.O. BOX 206**
CITY-ST-ZIP **ALTURAS FL**

TITLE **STD** ☐ Delete
NAME **SLATER, DINAH KAY**
STREET ADDRESS **OAK DRIVE P.O. BOX 224**
CITY-ST-ZIP **ALTURAS FL**

TITLE **D** ☐ Delete
NAME **GABRIEL, T.A.**
STREET ADDRESS **SCHRECK ROAD BOX 86**
CITY-ST-ZIP **ALTURAS FL**

TITLE **STD** ☐ Delete
NAME **GABRIEL, DOROTHY (ASST)**
STREET ADDRESS **SCHRECK ROAD BOX 86**
CITY-ST-ZIP **ALTURAS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Gabriel, I. J.**
STREET ADDRESS **2113 Edgewater Circle, SE**
CITY-ST-ZIP **Winter Haven, FL 33880**

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)