

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90301 025 \*\*\*150.00

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**DOCUMENT # 286358**

1. Entity Name  
**BECKER GROVES INC**

Principal Place of Business  
**660 BEACHLAND BLVD  
SUITE 201  
VERO BCH FL 32963  
US**

Mailing Address  
**660 BEACHLAND BLVD  
SUITE 201  
VERO BCH FL 32963  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1101047**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURLEY, THOMAS  
660 BEACHLAND BLVD  
SUITE 201  
VERO BCH FL 32963**

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 *Thomas Hurley*  
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	BECKER, RICHARD E	
STREET ADDRESS	14 SEA COURT	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUSSON, JEFFREY L	
STREET ADDRESS	736 36TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HURLEY, THOMAS	
STREET ADDRESS	660 BEACHLAND BLVD STE 201	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HURLEY, SCOTT R	
STREET ADDRESS	660 BEACHLAND BLVD STE 201	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HURLEY, RICHARD	
STREET ADDRESS	660 BEACHLAND BLVD STE 201	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURLEY, BARBARA	
STREET ADDRESS	381 INDIAN HARBOR RD	
CITY-ST-ZIP	VERO BCH FL 32963	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*THOMAS HURLEY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS HURLEY

4/9/02

Date

561-234-8234

CR2E034 (9/01)