

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90154 013 \*\*\*150.00

**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

**2627 S. Jenkins Road**

Suite, Apt. #, etc.

3. Mailing Address

**2627 S. Jenkins Road**

Suite, Apt. #, etc.

City & State

**Ft. Pierce, FL**

City & State

**Ft. Pierce, FL**

4. FEI Number

**59-1101047**

Applied For

Not Applicable

Zip  
**34981**

Country  
**USA**

Zip  
**34981**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**Thomas Hurley**

Street Address (P.O. Box Number is Not Acceptable)  
**2627 S. Jenkins Road**

City  
**Ft. Pierce**

**FL**

Zip Code  
**34981**

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

(NOTE: Registered Agent Signature required when reinstating)

4/2/03  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
BECKER, RICHARD E  
14 SEA COURT  
VERO BEACH FL 32963** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CUSSON, JEFFREY L  
736 36TH AVENUE  
VERO BEACH FL 32968** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
HURLEY, THOMAS  
660 BEACHLAND BLVD STE 201  
VERO BCH FL 32963** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
Thomas Hurley  
2627 S. Jenkins Road  
Ft. Pierce, FL 34981** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
HURLEY, SCOTT R  
660 BEACHLAND BLVD STE 201  
VERO BCH FL 32963** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
R. Scott Hurley  
2627 S. Jenkins Road  
Ft. Pierce, FL 34981** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
HURLEY, RICHARD  
660 BEACHLAND BLVD STE 201  
VERO BCH FL 32963** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Richard E. Hurley  
2627 S. Jenkins Road  
Ft. Pierce, FL 34981** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HURLEY, BARBARA  
381 INDIAN HARBOR RD  
VERO BCH FL 32963** ☐ Delete

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

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:

*Thomas Hurley*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

4/2/03

772-595-3100

CR2E034 (10/02)