

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90120 008 \*\*\*150.00

**DOCUMENT # 290835**

1. Entity Name  
**EARRING POINT GROVES, INC.**



Principal Place of Business  
**1 EARRING POINT  
ORCHID ISLAND  
VERO BEACH FLA 32963**

Mailing Address  
**PO BOX 68  
WABASSO FL 32970  
US**

2. Principal Place of Business

3. Mailing Address  
**1122 Old Dixie Hwy B4**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Vero Beach FL**

Zip

Country

Zip

Country

**32960**

**USA**

6. Name and Address of Current Registered Agent

**MICHAEL, GORDON A  
2655 69TH ST  
VERO BEACH FL 32967**

4. FEI Number **59-1105032**

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

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. 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 \$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	<input type="checkbox"/> Delete
<b>DST MICHAEL, JOE W ONE EARRING PT VERO BEACH FL</b>	
<b>DP MICHAEL-NEELY, BURKE TWO EARRING POINT VERO BEACH FL</b>	
<b>VD MICHAEL, GORDON A 2655 69TH STREET VERO BEACH FL</b>	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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:** *Michael Neely* **2/19/03** **772-778-7969**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #