

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90907 013 ***150.00

DOCUMENT # 295296

1. Entity Name
BALM GROVE SERVICE INC

Principal Place of Business Mailing Address
15038 BALM RD P O BOX 416
BALM FL 33503 BALM FL 33503
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1107752** Applied For
 Not Applicable

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

TRINKLE, ROBERT S
121 NORTH COLLINS STREET
PLANT CITY FL 33566

Name
Yeilding, Joan S.
 Street Address (P.O. Box Number is Not Acceptable)
15038 Balm Road
 City **Balm** FL Zip Code **33503**

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: *Joan S. Yeilding* *Joan S. Yeilding* *5-24-02*
Signature typed or printed name of registered agent and 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 **V** Delete
 NAME **NOLLER, SALLY SWEAT**
 STREET ADDRESS **15038 BALM RD.**
 CITY-ST-ZIP **BALM FL 33503**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SWEAT, SR, H G**
 STREET ADDRESS **15038 BALM RD.**
 CITY-ST-ZIP **BALM FL 33503**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SWEAT, ELIZABETH**
 STREET ADDRESS **15038 BALM RD.**
 CITY-ST-ZIP **BALM FL 33503**

TITLE **PD** Change Addition
 NAME **Sweat, Elizabeth**
 STREET ADDRESS **15038 Balm Road**
 CITY-ST-ZIP **Balm, FL 33503**

TITLE **D** Delete
 NAME **YEILDING, JOAN**
 STREET ADDRESS **15038 BALM RD**
 CITY-ST-ZIP **BALM FL 33503**

TITLE **STD** Change Addition
 NAME **Yeilding, Joan S.**
 STREET ADDRESS **15038 Balm Road**
 CITY-ST-ZIP **Balm, FL 33503**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Joan S. Yeilding* *Joan S. Yeilding* *5-24-02* *813 634-6898*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)