

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 295990

1. Entity Name  
GROVER SCOTT ENTERPRISES, INC.

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90115 050 \*\*\*150.00

Principal Place of Business  
1004 W. BRANDON BLVD.  
P.O. BOX 93  
BRANDON FL 33509

Mailing Address  
1004 W. BRANDON BLVD.  
P.O. BOX 93  
BRANDON FL 33509

B0106713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1098026		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HEIL, FRED & JANICE 1304 WALLWOOD DRIVE BRANDON FL 33511				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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEIL, JANICE			NAME			
STREET ADDRESS	1304 WALLWOOD DR.			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL			CITY-ST-ZIP			
TITLE	VDC	<input checked="" type="checkbox"/> Delete		TITLE	VDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEIL, FRED J.			NAME	JACK FISHER		
STREET ADDRESS	1304 WALLWOOD DR.			STREET ADDRESS	107 KARDE LN. F		
CITY-ST-ZIP	BRANDON FL			CITY-ST-ZIP	BRANDON, FLA. 33510	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEIL, DIANE L			NAME			
STREET ADDRESS	1304 WALLWOOD DR.			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: JANICE HEIL 4/24/02 1813/089-1559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)