FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2002 8:00 am 304913 DOCUMENT # **Secretary of State** 1. Entity Name 01-18-2002 90005 043 ***150.00 TILLETT GROVES, INC. Principal Place of Business Mailing Address 807 1ST ST NW 807 1ST ST NW 001001 PO BOX 1315 PO BOX 1315 RUSKIN FL 33570 RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address P.D.Box Steven ST DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1143516 YUSKIN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TILLETT, ROY C Street Address (P.O. Box Number is Not Acceptable) 807 1ST ST NW RUSKIN FL 33570 Ruskin 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. POUC. Tillett _ PRESIDENT SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Addition ☐ Delete TITLE ☐ Change TILLETT, ROY C NAME NAME STREET ADDRESS 807 1ST ST NW STREET ADDRESS CITY-ST-7IP RUSKIN, FL 00000 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition TILLETT, CLAUDIA M NAME NAME STREET ADDRESS 807 1ST ST NW STREET ADDRESS RUSKIN, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TILLETT, TIM A. NAME NAME 609 14TH STREET N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ruskin Fl CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition TILLETT, DANIEL S. NAME NAME STREET ADDRESS 1220-6TH STREET S.E. STREET ADDRESS Ruskin Fl CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition 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 REDROY C. Tille# 1-10-02 SIGNATURE: