


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90837 001 ***600.00

0633382 AT

DOCUMENT # 306799	
1. Entity Name HALE INDIAN RIVER GROVES, INC.	

Principal Place of Business U S HIGHWAY NO 1 P O BOX 700217 WABASSO FL 32970	Mailing Address U S HIGHWAY NO 1 P O BOX 700217 WABASSO FL 32970
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2. Principal Place of Business 9255 US Hwy 1	3. Mailing Address PO Box 700217
Suite, Apt. #, etc. PO Box 700217	Suite, Apt. #, etc. —

☐ CHECK HERE IF MAKING CHANGES

City & State WABASSO, FL 32970	City & State WABASSO, FL
Zip 32970	Country USA

4. FEI Number 59-1142796	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DABERKOW, ROBERT A 1125 BLOSSOM DRIVE SEBASTIAN FL 32958

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HALE, STEPHEN C JR 500 INDIAN HARBOR ROAD VERO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALE, STEPHEN C III 1160 ADMIRALS WALK VERO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LWZNIEWICZ, PETER V 7500 SANTA CLARA BLVD. FORT PIERCE FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRETSCH, JAMES J 610 GOLF VIEW DRIVE VERO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, SUSAN B P.O. BOX 3849 N/A VERO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DABERKOW, ROBERT A 1125 BLOSSOM DRIVE SEBASTIAN FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: PETER V. LEZNIEWICZ **4/9/03** **(772) 581-7736**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)