

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90028 003 ***150.00

DOCUMENT # 315551

1. Entity Name
GUTWEIN GROVES, INC.

| | |
|--|--|
| Principal Place of Business 823 FT. THOMPSON AVE. P. O. BOX 158 LABELLE FL 33935 | Mailing Address 823 FT. THOMPSON AVE. P. O. BOX 158 LABELLE FL 33935 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-1165549 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| Zip | Country | Zip | Country | Name | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BEER, VICTOR 823 FT THOMPSON AVENUE LABELLE FL 33935 | | | | 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 *Victor Beer - VICTOR BEER PRES.* (NOTE: Registered Agent signature required when reinstating) DATE *JAN. 10, 2002*

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BEER, VICTOR 823 FT THOMPSON AVENUE LABELLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SIDNEY LEMAN BOV 562- VIOLET DR 15 FRANCESVILLE IN <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS DOROTHY BEER 823 FT THOMPSON AVE LA BELLE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TCFO GUTWEIN, BRENT C 809 STEWART DR. RINSELAC IN 47987 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Rinsselaer IN 47987</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Victor Beer - VICTOR BEER PRES.* DATE: *JAN. 10, 2002* DAYTIME PHONE #: *863-675-1663*

CR2E034 (9/01)