


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90127 026 \*\*\*150.00

**DOCUMENT # 328737**

1. Entity Name  
**ARMCO GROVES INC**



Principal Place of Business  
**25400 SW 139TH AVENUE  
HOMESTEAD FL 33032  
US**

Mailing Address  
**PO BOX 924282  
HOMESTEAD FL 33092  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**JONES, SHARON S  
25400 SW 139 AVE  
HOMESTEAD FL 33032**

4. FEI Number **59-1210729**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | VST               | <input type="checkbox"/> Delete |
| NAME           | CRAWFORD, GALE    |                                 |
| STREET ADDRESS | PO BOX 924282 N/A |                                 |
| CITY-ST-ZIP    | HOMESTEAD FL      |                                 |
| TITLE          | PD                | <input type="checkbox"/> Delete |
| NAME           | PRICE, CW         |                                 |
| STREET ADDRESS | PO BOX 924282 N/A |                                 |
| CITY-ST-ZIP    | HOMESTEAD FL      |                                 |
| TITLE          | D                 | <input type="checkbox"/> Delete |
| NAME           | ZUNJIC, BRANKO    |                                 |
| STREET ADDRESS | PO BOX 924282 N/A |                                 |
| CITY-ST-ZIP    | HOMESTEAD FL      |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 to this address, with all other like empowered.

SIGNATURE: *C.W. Price* **C.W. PRICE** 1-29-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)