2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

HOMESTEAD FL 33092

PO BOX 924282

328737 DOCUMENT #

1. Entity Name

ARMCO GROVES INC

Principal Place of Business

2. Principal Place of Business

25400 SW 139TH AVENUE

Suite, Apt. #, etc.

City & State

Zip

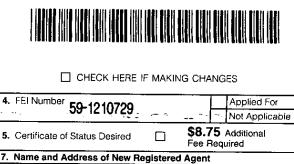
SIGNATURE

HOMESTEAD FL 33032



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

02-03-2003 90127 026 ***150.00



6. Name and Address of Current Registered Agent Name JONES, SHARON S Street Address (P.O. Box Number is Not Acceptable) 25400 SW 139 AVE **HOMESTEAD FL 33032**

City 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,

Country

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VST TITLE ☐ Delete TITI F ☐ Change Addition CRAWFORD, GALE NAME NAME STREET ADDRESS PO BOX 924282 N/A STREET ADDRESS CITY-ST-7IP HOMESTEAD FL CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Change Addition NAME PRICE, CW NAME STREET ADDRESS PO BOX 924282 N/A STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition ZUNJIC, BRANKO NAME STREET ADDRESS PO BOX 924282 N/A STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 receive or truster empowered are execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Daytime Phone #