

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90016 004 ***150.00

DOCUMENT # 331335
 1. Entity Name
T & W GROVES, INC.

Principal Place of Business: **1500 NORTH DALE MABRY HIGHWAY TAMPA FLA 33607**
 Mailing Address: **ATTN: W.K. BAKER 1500 NO DALE MABRY TAMPA FL 33607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **115 W. Bearss Ave.**
 Suite, Apt. #, etc.

3. Mailing Address: **115 W. Bearss Ave.**
 Suite, Apt. #, etc.

City & State: **Tampa, FL**
 Zip: **33613** Country: **Hillsborough**

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4. FEI Number: **59-1215337**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**WALTER, JAMES W.
 4320 W. KENNEDY BLVD.
 TAMPA FL 33609**

7. Name and Address of New Registered Agent
 Name: **Charles E. Tucker**
 Street Address (P.O. Box Number is Not Acceptable): **115 W. Bearss Ave.**
 City: **Tampa, FL** Zip Code: **33613**

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: *Charles E. Tucker*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, CHARLES E. 4116 NORTH MEADOW CIR. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTER, JAMES W 4320 W. KENNEDY BLVD. TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAKER, W KENDALL 1500 NORTH DALE MABRY HIGHWAY TAMPA FLA 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	115 W. Bearss Ave. Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	115 W. Bearss ave. Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (10/00)