

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


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90118 024 ***150.00

0442110 AV

DOCUMENT # 348775

1. Entity Name
SANDBAR GROVES INC



Principal Place of Business
**36716 ST JOE RD
DADE CITY FL 33525**

Mailing Address
**PO BOX 1547
DADE CITY FL 33526**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 1385
Suite, Apt. #, etc.

City & State
Dade City, FL

City & State
Dade City, FL

Zip
33526

Country
Pasco

4. FEI Number **59-1267796**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BROWN, LEE G
13351 10TH STREET
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name
CHARLIE LUCKIE, JR., ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
105 NORTH MAIN STREET

City
BROOKSVILLE FL

Zip Code
34601

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 *Charlie Luckie, Jr.*
CHARLIE LUCKIE, JR.

DATE **Apr. 14, 2003**

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	R BROWN, LEE G CPA 13351 10TH STREET DADE CITY FL 33525	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JAMES LEE HUCKABAY, JR. 12956 JOHNSON STREET DADE CITY, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JANE HUCKABAY CAIN 703 NORTH 29TH STREET, #202 BILLINGS, MT 59101	<input checked="" 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
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: *Jane Huckabay Cain* **4/11/03** (406) 248-6999

JANE HUCKABAY CAIN Date Daytime Phone #

CR2E034 (10/02)