

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90251 012 ***150.00

DOCUMENT # 373641

1. Entity Name

G M S GROVES, INC.

Principal Place of Business

8625 SINKHOLE ROAD
P O BOX 646
BARTOW FL 33831
US

Mailing Address

PO BOX 646
BARTOW FL 33831
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1310083**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, W E
8005 WALKER LAKE ROAD
BARTOW FL 33830

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, W E	
STREET ADDRESS	8005 WALKER LAKE RD.	
CITY-ST-ZIP	BARTOW FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GARRETT, MAVIS M	
STREET ADDRESS	2065 FLAMINGO DR.	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHULTZ, THELMA	
STREET ADDRESS	318 WHITAKER RD.	
CITY-ST-ZIP	LUTZ FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, BILLY W.	
STREET ADDRESS	RURAL ROUTE	
CITY-ST-ZIP	ALVA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, RONNIE	
STREET ADDRESS	1301 LAKEVIEW ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, MAVIS M	
STREET ADDRESS	404522 GULBREATH AVE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THELMA SHULTZ	
STREET ADDRESS	16103 WEST LAKE BURRELL DRIVE	
CITY-ST-ZIP	LUTZ, FL 33549	
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		

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)