## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # 411965** COX AND LINDSEY GROVES, INC 04-26-2000 90057 003 \*\*\*150.00 Principal Place of Business Mailing Address 行の 4TH ST 7300 4TH ST \_ BOX 6280 PO BOX 6280 BEACH FL 32961 VERO BEACH FL 32961-6280 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1468587 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINDSEY, RALPH J Street Address (P.O. Box Number is Not Acceptable) 1126 7TH PLACE VERO BEACH FL 32962 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Change TITLE ☐ Delete LINDSEY, RALPH J NAME NAME 1126 7TH PLACE STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP Secretary Director Lindsey, Laura Frances Delete TITLE ☐ Addition TITLE LINDSEY, FRANCES Lindsey, Laur NAME NAME 1126 7TH PLACE STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP Vero Beach, Fl CITY-ST-7IP ☐ Change **X** Addition Delete TITLE Director TITLE Lindsey, Jean F. 1300 July Street Vero Beach, FL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME

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 equiress, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 - 5155-5188 Date Daytime Phone #

FILED