FILED Jan 06, 2003 8:00 am Secretary of State

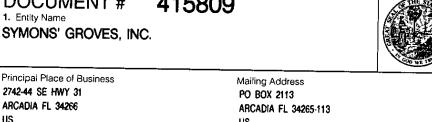
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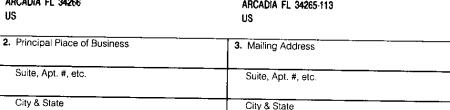
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 415809

1. Entity Name

SYMONS' GROVES, INC.







☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-1446867 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent FLETCHER BROWN, ATTY. 124 N. BREVARD AVE. ARCADIA FL 33821

7. Name and Address of New Registered Agent.				
Name				
	•			
Street Address (P.C). Box Number is Not Acce	ptable)		
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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

Zip

fletcher	Brown,	Attorney	at	Law
			_	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **VDS** ☐ Delete TITLE ☐ Change ☐ Addition NAME SYMONS, PATSY C NAME STREET ADDRESS 2742-44 S.E. HWY 31 S. STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME SYMONS, ROBERT NAME STREET ADDRESS 2742-44 S.E. HWY 31 S STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete 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-ZIP CITY-ST-ZIP

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:

863-494-7756

CR2E034 (10/02)