

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 510794**

1. Entity Name

WAYSIDE GROVES INC.**FILED****Aug 25, 2002 8:00 am
Secretary of State**

08-25-2002 90195 011 ***150.00

DU154050



DO NOT WRITE IN THIS SPACE

Principal Place of Business 923 OBSERVATORY COURT ORLANDO FL 32818		Mailing Address 923 OBSERVATORY COURT ORLANDO FL 32818	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2697406		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUDSON, JAMES E 923 OBSERVATORY COURT ORLANDO FL 32818		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, JAMES E. 923 OBSERVATORY COURT ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. HUDSON, JAMES E. 923 OBSERVATORY COURT ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDSON, MARC K. 144 DORSCHIEE ROAD ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUDSON, PATRICIA G. 923 OBSERVATORY COURT ORLANDO FL 32818 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 REQUIRED

8-16-02

407.249-4595

CR2E034 (4/02)

Attachment 60134890
WAYSIDE GROVES, INC.

923 OBSERVATORY CT., 305 299-4595
ORLANDO, FL 32808

#510794

Florida Department of State
UNIFORM BUSINESS REPORT
Division of Corporations
P.O. Box 1500
Tallahassée, Fl. 32302-1500

RE: Delinquent Business Report filing

Dear Official,

Due to the fact, this is the first notice we received of the 2002 Uniform Business Report, I respectfully request that the late fee be waived.

I am enclosing a check for \$150.00 for the initial Fee.

We appreciate your consideration in this instance and wish to be notified if this is unacceptable.

I will note my calender to prevent this delinquency in the future.

Sincerely,

James E. Hudson
James E. Hudson
President