

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90011 030 \*\*\*150.00

**DOCUMENT # 608579**

**1. Entity Name**  
**TUCKER GROVES SERVICE, INC.**

**Principal Place of Business**

**P.O. BOX 238**  
**BACKBONE ROAD**  
**BABSON PARK FL 33827-0238**

**Mailing Address**

**P.O. BOX 238**  
**BACKBONE ROAD**  
**BABSON PARK FL 33827-0238**

**2. Principal Place of Business**

**1040 BACKBONE Rd**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**Tucker's Grove Ser Inc**  
 Suite, Apt. #, etc.  
**PO Box 238**

**City & State**  
**Babson Park FL**

**Zip**  
**33827**

**Country**  
**USA**

**City & State**  
**BABSON PARK**

**Zip**  
**33827**

**Country**  
**USA**

**4. FEI Number**  
**59-1902804**

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TUCKER, JIMMY F**  
**1303 SILS RD**  
**1040 BACKBONE RD**  
**LAKE WALES FL 33853**

**7. Name and Address of New Registered Agent**

**Name**  
**JAMES F. TUCKER**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**PO Box 238 - 1040 BACKBONE Rd**  
**Babson Park FL**  
**City**  
**Babson Park**  
**FL**  
**Zip Code**  
**33827**

**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** **JAMES F. TUCKER**  
 Signature, typed or printed name of registered agent and title if applicable.

**JAMES F. TUCKER Pres. 1-6-02**  
 (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, 2002 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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VPSD**  
**TUCKER, DOROTHY**  
**1040 BACK BONE RD**  
**BABSON PARK FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**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**

**1-6-02 863-638-1777**  
**Date Daytime Phone #**

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CR2E034 (9/01)