

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90129 012 ***150.00

DOCUMENT # 611338

1. Entity Name
SUDOT GROVES, INC.



Principal Place of Business
**430 N INNESS DR
TARPON SPRINGS FL 34689**

Mailing Address
**430 N INNESS DR
TARPON SPRINGS FL 34689**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1919970**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SWARTSEL, J.D.
430 N INNESS DRIVE
TARPON SPRINGS FL 34689-9540**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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	PD	<input type="checkbox"/> Delete
NAME	SWARTSEL, MARY KAY	
STREET ADDRESS	430 N INNESS DR	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GABRIEL, SUSAN S	
STREET ADDRESS	243 JASMINE RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TOWNE, DOROTHY S	
STREET ADDRESS	603 MARMORA AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SWARTSEL, J.D.	
STREET ADDRESS	430 N INNESS DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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: J. D. Swartsel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-27-03 Daytime Phone # 727-937-3649

CR2E034 (10/02)