

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90065 026 ***150.00

DOCUMENT # 611383

1. Entity Name
D.M.D. GROVES, INC.



Principal Place of Business
**2108 MORNING SIDE ROAD
AVON PARK FL 33825**

Mailing Address
**PO BOX 460
AVON PARK FL 33826-0460**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1894522**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNDON, KAY D
2108 MORNING SIDE ROAD
AVON PARK FL 33825**

Name

Street Address (P.O. Box 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

Signature and printed name of registered agent and user is acceptable.

(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

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 - NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, KENNETH A 116 MAXCY LANE FORSTPROOF FL	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	STD DAVIS HERNDON, KATHERINE 2108 MORNINGSIDE ROAD AVON PARK FL	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KAY D HERNDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 (863) 452-5955

Date

Daytime Phone #

CR2E034 (10/02)