

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90080 019 ***150.00

DOCUMENT # 649426

1. Entity Name
JACK MASSEY GROVES, INC.



Principal Place of Business
**500 SO. FLORIDA AVE
2ND FLOOR
LAKELAND FL 33801
US**

Mailing Address
**P.O. BOX 3545
LAKELAND FL 33802
US**

2. Principal Place of Business

3. Mailing Address

3093 SHOAL CREEK VILLAGE DR.

3093 SHOAL CREEK VILLAGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DR.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33803

Country

US

Zip

33803

Country

US

4. FEI Number

59-1957713

Applied For

Not Applicable

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

**PUTNAM, ABEL A
500 SOUTH FLORIDA AVENUE
SUITE 200
LAKELAND FL 33801**

Name

MORRIS C. MASSEY

Street Address (P.O. Box Number is Not Acceptable)

109 S. WOODLYNNE AVENUE

City

TAMPA

FL

Zip Code

33609

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.

MORRIS C. MASSEY

(NOTE: Registered Agent signature required when reinstating)

01-24-03

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 **DS** ☐ Delete
NAME **TODD, PAULA MASSEY**
STREET ADDRESS **3093 SHOAL CREEK VILLAGE DRIVE**
CITY-ST-ZIP **LAKELAND FL 33803-5425**

TITLE **DST** ☒ Change ☐ Addition
NAME **TODD, PAULA MASSEY**
STREET ADDRESS **3093 SHOAL CREEK VILLAGE DRIVE**
CITY-ST-ZIP **LAKELAND, FL 33803-5425**

TITLE **DVP** ☐ Delete
NAME **MASSEY, MILDRED H**
STREET ADDRESS **1610 SOUTHEAST 11TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **DP** ☒ Change ☐ Addition
NAME **MASSEY, MILDRED H.**
STREET ADDRESS **1610 SOUTHEAST 11TH STREET**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **DPT** ☐ Delete
NAME **MASSEY, RICHARD D.**
STREET ADDRESS **1141 W RUBY STREET**
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **DVP** ☒ Change ☐ Addition
NAME **MASSEY, RICHARD D., JR.**
STREET ADDRESS **2214 CORDOVA CIRCLE**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: **Paula Massey**

2-21-03

(863)686-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)