

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90089 046 ***150.00

DOCUMENT # 662343

1. Entity Name
CASE GROVES, INC.



Principal Place of Business

~~15025 SW 232 ST.~~
GOULDS FL 33170

Mailing Address

~~15025 SW 232 ST.~~
GOULDS FL 33170

2. Principal Place of Business

14925 SW 232nd ST

Suite, Apt. #, etc.

3. Mailing Address

14925 SW 232nd ST

Suite, Apt. #, etc.

City & State

GOULDS FLORIDA

City & State

GOULDS FLORIDA

Zip

33170

Country

USA

Zip

33170

Country

USA

4. FEI Number

59-2001490

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

CASE, JANET M.

~~15025 SW 232ND ST.~~
GOULDS FL 33170

7. Name and Address of New Registered Agent

CASE, JANET M.

14925 SW 232nd ST

City

GOULDS

FL

Zip Code

33170

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

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

TITLE **DP** ☐ Delete
NAME **CASE, JANET MARIE**
STREET ADDRESS **14925 S.W. 232ND ST.**
CITY-ST-ZIP **GOULDS FL 33170**

TITLE **D** ☒ Delete
NAME **DUNAGAN, LARRY WAYNE**
STREET ADDRESS **14975 S.W. 232ND ST.**
CITY-ST-ZIP **GOULDS FL 33170**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 empowers.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-03

305 2471459

Date

Daytime Phone #

CR2E034 (10/02)