

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90307 025 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 694375

1. Entity Name
SIX OAKS GROVES, INC.

Principal Place of Business
3782 MCCARTY ROAD
FT PIERCE FL 34945

Mailing Address
3782 MCCARTY ROAD
FT PIERCE FL 34945

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2122641

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

CARLTON, WAYNE
3782 MCCARTY RD.
FT PIERCE FL 34945

Name **Mary Anne C. Cruse**
 Street Address (P.O. Box Number is Not Acceptable)
3782 McCarty Road
 City **Fort Pierce** FL Zip Code **34945**

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

Mary Anne C. Cruse

Mary Anne C. Cruse

4/12/02

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **CARLTON, WESLEY R**
 STREET ADDRESS **3810 ELEVEN MILE RD**
 CITY-ST-ZIP **FT PIERCE FL 34945**

TITLE **VP** ☒ Delete
 NAME **R WAYNE CARLTON**
 STREET ADDRESS **3782 MCCARTY RD**
 CITY-ST-ZIP **FT. PIERCE FL 34945**

TITLE **ST** ☐ Delete
 NAME **CRUSE, MARYANNE C**
 STREET ADDRESS **11995 OKEECHOBEE RD**
 CITY-ST-ZIP **FT. PIERCE FL 34945**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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:

Mary Anne C. Cruse S/T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

772-464-5589

Daytime Phone #

CR2E034 (9/01)