

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90110 046 \*\*\*150.00

**DOCUMENT # 855005**

1. Entity Name  
**LATTOF GROVES, INC.**



Principal Place of Business  
**2222 FLOWEE RD**  
**P.O. BOX 398**  
**ALVA FL 33920**

Mailing Address  
**P.O. BOX 398**  
**ALVA FL 33920**  
**US**



2. Principal Place of Business  
**561 L Newcomb**

3. Mailing Address

**PO Box 1835**

Suite, Apt. #, etc.

**Lehigh Acres FL**

City & State

**33970**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Lehigh Acres FL 33970**

Zip  
**33972**

Country

**USA**

Zip

Country

**USA**

4. FEI Number **36-6098619**

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

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NEWCOMB, IRENE L.</b>	
STREET ADDRESS	<b>194 JOEL BLVD. #8</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NEWCOMB, WILLIAM C.</b>	
STREET ADDRESS	<b>4470 B STREET</b>	
CITY-ST-ZIP	<b>SACRAMENTO CA 95819</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NEWCOMB, KATHERINE (ASST</b>	
STREET ADDRESS	<b>21340 BEAVER CT</b>	
CITY-ST-ZIP	<b>GROVELAND CA 95321</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Irene L. Newcomb, Pres.** 3-4-03 368-5258  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)