

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90243 035 \*\*\*150.00

DOCUMENT # **FL07101**

1. Entity Name

SUN GROVES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1542 US HWY 19

3. Mailing Address  
1542 US HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
HOLIDAY, FL

City & State  
HOLIDAY, FL

4. FEI Number  
59-2170174

Applied For  
Not Applicable

Zip  
34691

Country

Zip  
34691

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ALAN S. GASSMAN ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
1245 COURT STREET, SUITE 102

City  
CLEARWATER FL Zip Code  
33756

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VS  
SEVERS, JEANNE M.  
3131 BLUFF BLVD.  
HOLIDAY, FL 34691

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
SEVERS, HUGH B. II  
3131 BLUFF BLVD.  
HOLIDAY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE SEVERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #