

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90256 012 \*\*\*150.00

**DOCUMENT # F67101**

1. Entity Name

Sun Groves Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4131 Madison St**

Suite, Apt. #, etc.

3. Mailing Address  
**4131 Madison St**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**New Port Richey, Fl**

City & State  
**New Port Richey, Fl**

4. FEI Number  
**59-2170174**

Applied For  
Not Applicable

Zip  
**34652**

Country  
**Pasco**

Zip  
**34652**

Country  
**Pasco**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name **Joseph Severs**

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

**18124 Crawley Rd**

City **Odessa**

**FL**

Zip Code  
**33556**

**DO NOT WRITE  
IN THIS SPACE**

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

**4-22-03**

**January 1 / May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Severs, Jeanne  
3131 Bluff Blvd Holiday, Fl 34691**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Severs, Hugh, 11  
3131 Bluff Blvd. Holiday, Fl 34691**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEANNE SEVERS**

Date

Daytime Phone #

**727 848 8959**

CR260348 (12/02)