2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State
08-16-2000 90004 011 ***150.00

DOCUMENT # F99000002964

1. Entity Name
GROVER WALLACE INC.

Principal Place of Business	Mailing Address
4413 SE 134TH STREET BELLEVIEW FL 34420	4413 SE 134TH STREET BELLEVIEW FL 34420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3561971 ☐ 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**
WALLACE, GROVER 4413 SE 134TH STREET BELLEVIEW FL 34420	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.

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) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	CPVP WALLACE, GROVER 4413 SE 134TH STREET BELLEVIEW FL 34420 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALLACE, GROVER 4413 SE 134TH STREET BELLEVIEW FL 34420 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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: Grover Wallace 8-8-00 (352) 245-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DLN 93263 081500

DEAR SIRS

ENCLOSED IS A CHECK FOR #150.00 FOR MY U.B.R. TAX FOR DOCUMENT # E 99000002964. I SPOKE TO ONE OF YOUR AGENTS TODAY (8-8-00) ON THE PHONE. SHE SAID TO SEND IN THE #150.00 AND A LETTER AS TO WHY MY RETURN WAS LATE.

THIS WAS MY FRIST YEAR AS A CORPORATION, I DID RECIEVE THE FRIST TAX FORM, THE REASON I OVER LOOKED IT WAS THAT MY DAUGHTER WAS DIAGNOSED WITH PANCREAS CANCER IN APRIL OF 2000 I WAS TRYING TO GO AND BE WITH HER AS MUCH AS POSSIBLE THEN MAY 11TH 2000 SHE PASSED AWAY, AND WITH ALL THE PRESURE I JUST OVERLOOKED IT UNTIL THE SECOND NOTICE CAME. IF YOU CAN REVERT THIS LATE FEE, IT WOULD BE GREATLY APPRECIATED.

Thanks

Sharon Wallace
4413 S.E. 134 ST
BELLEVIEW, FL
PHONE (352) 245-7040 34420