

2001 UNIFORM BUSINESS REPORT (UBR)

0017262 AV

DOCUMENT # **G01376**

1. Entity Name
FRANK BATES GROVES, INC.

FILED

02 JAN 28 AM 10:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**9160 US #1
SEBASTIN FL 32958
US**

Mailing Address
**P.O. BOX 650448
VERO BEACH FL 32965**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
9160 US #1
Suite, Apt. #, etc.

City & State
Sebastian, FL

City & State
Sebastian, FL

Zip
32958

Country
USA

Zip
32958

Country
USA

4. FEI Number
59-2221550

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DELLERMAN, THOMAS M
9160 US #1
SEBASTIN FL 32958**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
REINSTATEMENT
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 Thomas M. Deller DATE 12/18/01
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 \$550.00
After September 12, 2001 Fee 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DELLERMAN, THOMAS MARK P.O. BOX 650448 - N/A VERO BEACH FL 32965 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9160 US #1 Sebastian, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500005025005-4 -02/27/02--01092--001 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500005025005-4 -02/27/02--01092--002 ****750.00 ****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Thomas M. Deller DATE 12/18/01 DAYTIME PHONE # 561-388-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34 (5/01)