2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G17870

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

ROUNTREE GROVE SERVICE, INC.

	*2		GOO WE TEN	
Principal Place of Business 5566 1ST ST. S.W. VERO BEACH FL 32968		Mailing Address 6566 1ST ST. S.W. VERO BEACH FL 32968		
2. Principal Pl	ace of Business	3. Mailing Address		T 1007HI 1000 JURY LÖÖDE 101R 100H 00H 01HI CLEK OLDIC BYRY 81HH 01HH 00H
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State	<u> </u>	City & State		4. FEI Number 59-2255679 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	ant Registered Agent		7. Name and Address of New Registered Agent
	6. Name and Address of Curr	sit negistered Agent	Name	
			Hamo	
ROUNTREE	e, Hurley R. St. S.W.		Street Addres	ss (P.O. Box Number is Not Acceptable)
	CH FL 32968			
VENO BEA	*.		City	FL Zip Code
the obligation	named entity submits this statemer ions of registered agent.		It'S registered office of regis	stered agent, or both, in the State of Florida. I am familiar with, and accept uired when reinstating)
FI After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. c Payable to Florida Departmen	00 t of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROUNTREE, HORLEY 6566 1ST STREET SW VERO BEACH FL 32968	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

FILED

Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90062 035 ***150.00