

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G43047

1. Entity Name
GROZA'S, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90043 030 ***158.75

Principal Place of Business

Mailing Address

1104 NE INDUSTRIAL B
JENSEN BCH FL 34957
US

1104 NE INDUSTRIAL B
JENSEN BCH FL 34957
US

2. Principal Place of Business

3. Mailing Address

704 SW Port St. Lucie Blvd
Suite, Apt. #, etc.

704 SW Pt St Lucie
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Port St. Lucie, Florida

City & State
Pt St Lucie FL

4. FEI Number 59-2453096

Applied For
Not Applicable

Zip
34953

Country
USA

Zip
34953

Country
USA

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

GROZA, JOHN A.
1104 NE INDUSTRIAL BLVD
JENSEN BCH FL 34957

Name
Street Address (P.O. Box Number is Not Acceptable)
1417 SW OSPREY COVE
City & State
Pt St Lucie FL Zip Code 34983

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

John A Groza

John A GROZA

3/10/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	D GROZA, ROSEMARY 1305 SW BENT PINE PT ST LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GROZA, JOHN A 1417 SW OSPREY COVE PT ST LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROZA, BRETT, A 1305 SW BENT PINE PT ST LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANSARA, ROSEMARY 1305 SW BENT PINE PORT ST LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROZA, PATRICIA, A 1417 SW OSPREY COVE PT ST LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patricia A Groza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

561 3369689

Daytime Phone #

CR2E034 (9/99)