**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2002 8:00 am Secretary of State G52264 **DOCUMENT #** 1. Entity Name 02-05-2002 90086 013 \*\*\*150.00 GROVER, INC. Mailing Address Principal Place of Business % LYNN GROVER % LYNN GROVER 10768 RUSSELL RD NW 10768 RUSSELL RD NW BOKEELIA FL 33922 **BOKEELIA FL 33922** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2326638 Not Applicable Zip Country \$8.75 Additional Country \_\_Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GROVER, LYNN** Street Address (P.O. Box Number is Not Acceptable) 10768 RUSSELL ROAD N.W. **BOKEELIA FL 33922** City Zip Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE TITLE ☐ Detete NAME GROVER, LYNN NAME 10768 RUSSELL ROAD N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOKEELIA FL ☐ Delete TITLE ☐ Change Addition TITLE STD GROVER, EILEEN NAME STREET ADDRESS 10768 RUSSELL ROAD N.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOKEELIA FL** ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SUPPLIED REILEON MEGrover, Sec/Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02