

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90218 014 ***150.00

UBR1000

DOCUMENT # **J46092**

1. Entity Name
TETLEY GROVES, INC.

Principal Place of Business Mailing Address
128 43RD AVE SW 128 43RD AVE SW
VERO BEACH FL 32968 VERO BEACH FL 32968
US US

958737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1519 19th Place P.O. Box 998
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-2748319** Applied For
Vero Beach FL Vero Beach FL Not Applied For

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32960 Indian River 32961-0998 Indian River

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GRAVES-BECKLEY, HARRIETT Name
5680 4TH ST Street Address (P.O. Box Number is Not Acceptable)
VERO BEACH FL 32968 City 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 _____ (NOTE: Registered Agent's signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement; and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GRAVES, W.C., III 5680 4TH ST VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GRAVES, FRANCES 5680 4TH ST VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP GRAVES, W.C., IV 6655 8TH ST VERO BEACH FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT GRAVES-BECKLEY, HARRIETT 825 SANDFLY LN VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 Book 11 or Book 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harriett Graves Beckley* **Harriett Graves-Beckley** **4/17/01** **(561)**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10-00)