


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90366 035 ***150.00

DOCUMENT # J46092

1. Entity Name
TETLEY GROVES, INC.



Principal Place of Business
**1519 19TH PLACE
VERO BEACH FL 32960
US**

Mailing Address
**P.O. BOX 998
VERO BEACH FL 32961-0998
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2748319** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAVES-BECKLEY, HARRIETT
5680 4TH ST
VERO BEACH FL 32968**

7. Name and Address of New Registered Agent

Name **W.C. Graves, IV**
Street Address (P.O. Box Number is Not Acceptable)
6655 8th Street
City **VERO BEACH** FL Zip Code **32968**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 1/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVES, W.C., III	
STREET ADDRESS	5680 4TH ST	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVES, FRANCES	
STREET ADDRESS	5680 4TH ST	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GRAVES, W.C., IV	
STREET ADDRESS	6655 8TH ST	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GRAVES-BECKLEY, HARRIETT	
STREET ADDRESS	825 SANDFLY LN	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graves, W.C., IV	
STREET ADDRESS	6655 8th St.	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: SIGNATURE REQUIRED DATE 1/8/03 DAYTIME PHONE # 772-569-5773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)