

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J78408

1. Entity Name

FLESSAS GROVES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90093 022 ***150.00

Principal Place of Business

Mailing Address

33941 BLANTON ROAD
DADE CITY FL 33523

33941 BLANTON ROAD
DADE CITY FL 33523-6277

603829



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

33941 Blanton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Dade City, Fl

City & State

4. FEI Number 59-1651081

Applied For

Not Applicable

Zip 33523

Country Puerto Rico

Zip

Country

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

FLESSAS, DORIS T
33941 BLANTON RD
DADE CITY FL 33523

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 PD
NAME FLESSAS, THEADORE P.
STREET ADDRESS 34025 BLANTON ROAD
CITY-ST-ZIP DADE CITY FL 33523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME FLESSAS, DORIS T
STREET ADDRESS 33941 BLANTON ROAD
CITY-ST-ZIP DADE CITY FL 33523

TITLE
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STREET ADDRESS
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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

352-567-5583

Date

Daytime Phone #

CR2E034 (9/99)