2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 07, 2000 8:00 am Secretary of State DOCUMENT # K20251 1. Entity Name GROVE AUTO BODY REPAIR, INC. 06-07-2000 90430 022 ***150.00 Principal Place of Business Mailing Address 40 N.W. 2ND AVE 40 N.W. 2ND AVE DEERFIELD BCH FL 33441 DEERFIELD BCH FL 33441-3315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0041356 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOREEN MCNORTON, LINNETTE Street Address (P.O. Box Number is Not Acceptable) 8530 NW 54TH ST LAUDERHILL FL 33351 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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 CR2E034 (9/99 TITLE ☐ Delete TITLE BRADNOCK, DOREEN NAME NAME STREET ADDRESS STREET ADDRESS 8361 NW 45TH ST. CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL Change Addition TITLE ☐ Delete CAMPBELL, JUNIOR NAME STREET ADDRESS 8361 N.W. 45TH STREET STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP LAUDERHILL FL 33351 ☐ Change Addition ☐ Delete TITLÈ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete 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 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.