

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K28749

FILED  
Jul 19, 2003  
Secretary of State

**Entity Name:** ROJAS BROTHERS GROVE SERVICE, INC.

**Current Principal Place of Business:**

PO BOX 761  
MASCOTTE, FL 34753 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7611  
MASCOTTE, FL 32753 US

**New Mailing Address:**

**FEI Number:** 59-2902530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROJAS, ABEL  
782 ANDERSON ST  
MASCOTTE, FL 34753

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROJAS, ABEL  
Address: 782 ANDERSON ST  
City-St-Zip: MASCOTTE, FL 34753

Title: VPD ( ) Delete  
Name: JOHNSON, LINDA  
Address: PO BOX 707 N/A  
City-St-Zip: MASCOTTE, FL 347530707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA JOHNSON

VP

07/19/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date