

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90106 024 ***150.00

DOCUMENT # K85493

1. Entity Name
GROVECO, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| % CLIFFORD F. BURG 7150 SOUTHWEST KANNER HIGHWAY INDIANTOWN FL 34956 | % CLIFFORD F. BURG 7150 SOUTHWEST KANNER HIGHWAY INDIANTOWN FL 34956 |

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0120779** ☐ Applied For
☐ Not Applicable

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

BURG, CLIFFORD F.
7150 SOUTHWEST KANNER HIGHWAY
INDIANTOWN FL 34956

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---|----------------|---|-----------------------------------|--|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BURG, CLIFFORD F. | NAME | | | |
| STREET ADDRESS | 7150 SOUTHWEST KANER HWY | STREET ADDRESS | | | |
| CITY-ST-ZIP | INDIANTOWN FL | CITY-ST-ZIP | | | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BURG, JAMES A | NAME | | | |
| STREET ADDRESS | 7150 SW KANNER HWY | STREET ADDRESS | | | |
| CITY-ST-ZIP | INDIANTOWN FL | CITY-ST-ZIP | | | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BURG, CLIFFORD F JR | NAME | | | |
| STREET ADDRESS | 7150 SW KANNER HWY | STREET ADDRESS | | | |
| CITY-ST-ZIP | INDIANTOWN FL | CITY-ST-ZIP | | | |
| TITLE | ST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BURG, SHARON A | NAME | | | |
| STREET ADDRESS | 7150 SW KANNER HWY | STREET ADDRESS | | | |
| CITY-ST-ZIP | INDIANTOWN FL | CITY-ST-ZIP | | | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | GRIEVE, WENDY J. | NAME | | | |
| STREET ADDRESS | 7150 SW KANNER HWY. | STREET ADDRESS | | | |
| CITY-ST-ZIP | INDIANTOWN FL | CITY-ST-ZIP | | | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | SCHIRARD, J. PATRICK | NAME | | | |
| STREET ADDRESS | 7150 SW KANNER HWY | STREET ADDRESS | | | |
| CITY-ST-ZIP | INDIANTOWN FL | 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.

SIGNATURE: *Wendy J. Grieve* *Vice President* **2/7/02** **561-287-2111**
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)