

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

01-24-2002 90353 045 *****50.00

DOCUMENT # L00000006533

1. Entity Name

B & J GROVES, L.L.C.

Principal Place of Business

**P.O. BOX 1738
SEBRING FL 33870**

Mailing Address

**P.O. BOX 1738
SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRYANT, THOMAS J CPA
114 N. TENNESSEE AVE., SUITE 202
LAKELAND FL 33801**

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

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	MASSAM, A. ROBERT	
STREET ADDRESS	4325 SUN N LAKE BLVD #105	
CITY-ST-ZIP	SEBRING FL 33872	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPS	<input type="checkbox"/> Delete
NAME	MASSAM, JUDY W	
STREET ADDRESS	4325 SUN N LAKE BLVD #105	
CITY-ST-ZIP	SEBRING FL 33872	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

06/16/00 FRI 18:50 FAX 878 530 8158

TELE-TIN

Attachment 2001

18050

#10000006533

**FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE**

JGR

**ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362**

DATE 6/15/00 RECD TIME

NAME A ROBERT MASSAM FAX NUMBER 863-682-6121

**IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.**

TOTAL PAGE: 1

**COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION
NUMBER FOR THE ENTITY(IES) SHOWN BELOW. YOU SHOULD
RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER
IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.**

COMPANY NAME:

B & J GROVES LLC

EMPLOYER IDENTIFICATION NUMBER (EIN): 65-1015323

COMPANY NAME:

2nd Co.

EMPLOYER IDENTIFICATION NUMBER (EIN): #EIN

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Thank you.**