

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90215 039 \*\*\*150.00

0602324 AV

**DOCUMENT # L11016**

1. Entity Name  
**MARNEZ GROVES, INC.**



Principal Place of Business  
**2312 KEEN RD.  
FT. PIERCE FL 34946**

Mailing Address  
**2312 KEEN RD.  
FT. PIERCE FL 34946**



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 **65-0156332**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROY HAMILTON  
2312 KEEN ROAD  
FT. PIERCE FL 33946**

7. Name and Address of New Registered Agent

Name **Brenda Hogue**  
Street Address (P.O. Box Number is Not Acceptable)  
**2312 Keen Road**  
City **Ft. Pierce** **FL** Zip Code **34946**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>HAMILTON, ROY</b>	
STREET ADDRESS	<b>2312 KEEN RD.</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34946</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>GISELA HAMILTON,</b>	
STREET ADDRESS	<b>2322 KEEN RD.</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34946</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mark Hamilton</b>	
STREET ADDRESS	<b>2210 Johnston Road</b>	
CITY-ST-ZIP	<b>Ft. Pierce, FL 34951</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gisela Hamilton</b>	
STREET ADDRESS	<b>2322 Keen Road</b>	
CITY-ST-ZIP	<b>Ft. Pierce, FL 34946</b>	
TITLE	<b>Sec-Tres</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brenda Hogue</b>	
STREET ADDRESS	<b>70 Woodcrest Drive</b>	
CITY-ST-ZIP	<b>Ft. Pierce, FL 34945</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark Hamilton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-28-03 (772) 216-3331**

Date

Daytime Phone #

CR2E034 (10/02)