2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 05, 2000 8:00 am Secretary of State DOCUMENT # L44586 1. Entity Name GROVER GROUP, INC. 06-05-2000 90031 028 ***550.00 Principal Place of Business Mailing Address 24241 - 4 TAMIAMI TRAIL, S 24241 - 4 TAMIAMI TRAIL, S. BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0160442 Not Applicable Zip Country Zip Country **\$8.75** Additional. 5.- Gertificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROVER, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 5431 COUNTRY LN. FT. MYERS FL 33905 City Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Change ☐ Addition TITLE TITLE GROVER, DEAN NAME NAME STREET ADDRESS 5431 COUNTRY LN. STREET ADDRESS FT. MYERS FL 33905 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GROVER, DEBORAH STREET ADDRESS 5431 COUNTRY LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33905 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITL F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

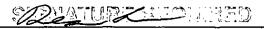
NAME

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP



☐ Delete

☐ Change

☐ Addition