2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90476 003 ***150.00 164492 **DOCUMENT #** 1. Entity Name TRIPLE E GROVES, INC. Mailing Address Principal Place of Business C/O LARRY E. CROY C/O LARRY E. CROY 2100 SOUTH TAMIAMI TRAIL SUITE 100 2100 SOUTH TAMIAMI TRAIL SUITE 100 SARASOTA FL 34239-3803 **SARASOTA FL 34239-3803** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For City & State City & State 65-0194244 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired 7: Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent-CROY, LARRY E. Street Address (P.O. Box Number is Not Acceptable) 2100 SOUTH TAMIAMI TRAIL SUITE 100 SARASOTA FL 34239 Zip Code City 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 DATE Signature, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) Change TITLE -Delete TILE NAME CROY, LARRY E. NAME .: STREET ADDRESS 2100 SOUTH TAMIAMI TRAIL, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SARASOTA FL 34239-3803** ☐ Change ☐ Addition TITLE ☐ Delete TITLE . NAME NAME CROY, MICHAEL A 2100 SOUTH TAMIAMI TRAIL, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL:34239-3803 ■ Addition ☐ Change ☐ Delete TIFF TITLE NAME NAME CROY, CHERYL L STREET ADDRESS 2100 SOUTH TAMIAMI TRAIL SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239-3803 ☐ Addition ☐ Change ☐ Delete DITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST. 7IP 12. I hereby certify that the information supplied with this filling 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.

FILED