

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90126 013 ***150.00

DOCUMENT # L97789

1. Entity Name
A & D GROVES, INC.



Principal Place of Business
5397 PHIL ROBERTS RD
ONA FL 33865
US

Mailing Address
5397 PHIL ROBERTS RD
ONA FL 33865
US



2. Principal Place of Business
5397 Phil Roberts Rd
Suite, Apt. #, etc.

3. Mailing Address
5397 Phil Roberts Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ona FL
Zip
33865

Country
U.S.A.

City & State
Ona FL
Zip
33865

Country
U.S.A.

4. FEI Number **59-3029615**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWEIGHOFER, DORIS
5397 PHIL ROBERTS RD
ONA FL 33865

7. Name and Address of New Registered Agent

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. 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 **PSTD** ☐ Delete
NAME **SCHWEIGHOFER, DORIS**
STREET ADDRESS **PHIL ROBERTS RD**
CITY-ST-ZIP **ONA FL**

TITLE **MD** ☐ Delete
NAME **SCHWEIGHOFER, EDWARD M**
STREET ADDRESS **HC 62 BOX 25**
CITY-ST-ZIP **TYLER HILL PA 18469**

TITLE **D** ☒ Delete
NAME **BOCHIECHLO, SHAILA A**
STREET ADDRESS **204 ELLEN COVE RD.**
CITY-ST-ZIP **WEAVERVILLE NC 28787-1685**
to correct Spelling

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Bochiccho Sheila A.**
CITY-ST-ZIP **204 ELLER COVE RD**
WEAVERVILLE NC 28787-1685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED **Doris Schweighofer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8639930181
570 224-4495

CR2E034 (10/02)