2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005868

1. Entity Name

PVC GROVES, L.L.C.

SIGNATURE:

SIGNATURE AND TYP



FILED May 08, 2003 8:00 am Secretary of State 05-08-2003 90078 021 ****50.00

772-461-8868

Daytime Phone #

Principal Plac 3500 SHINN RO FORT PIERCE I	DAD	Mailing Address P.O. BOX 14049 FORT PIERCE FL 34979										
<u> </u>												
2. Principal Place of Business		3. Mailing Address							H 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State	е	City & State				4. FEI Num	ber 65-0 9	76716			Applied For Not Applicable	,
Zip	Country	Zip	Zip Country			5. Certifica	te of Status De	sired [5.00 Ac	dditional	1
	6. Name and Address of Current F	Registered Agent				7. Name ar	d Address of	New Regis	tered A	gent _		_
PAN	TUSO, GEORGE T		Name			•						
3415	5 S. INDIAN RIVER DR.		Street Addre			O. Box Numl	per is Not Acce	eptable)			 .	7
FOR	T PIERCE FL 34982											7
	•			City					FL	Zip Co	de	1
8. The above the obligati	register	ed office or re	egistered	agent, or b	oth, in the Stat	e of Florida		i miliar with	, and accept	1		
SIGNATURE .			·									
	Signature, typed or printed name of registered agent ar			d Agent signature		nen reinstating)	_ -	-	DATE			-}
	٠ - بران	FILE NO Make Check Payabl		FEE IS \$5(-4 C4-4-	ė					}
ن		orida Depa ay 1, 2003	artment	or State								
9.							ADDI	TIONS/CHA	NICEC	. –		4
TITLE	MGRM	Delete	10. Tift				AUUI	I IUNS/CR/		Change	Addition	1 6
NAME	PANTUSO, GEORGE T	□ Delete	NAM	1					,	L Gualitie	☐ Addition	15
STREET ADDRESS	3415 S. INDIAN RIVER DR.			EET ADORESS								000
CITY-ST-ZIP	FORT PIERCE FL 34982		CITY	-ST-ZIP								֖֝֝֝׆ <u>֚֚</u>
TITLE	MEM	☐ Delete	TITL	E						☐ Change	Addition	٥
NAME	VARN, MYRON M JR		NAM									
STREET ADDRESS CITY-ST-ZIP	3433 GORDY RD.			ET ADDRESS - ST-ZIP								
	FT. PIERCE FL 34945		╂—									4
NAME	MEM Cassens, Steven D	Delete	NAM	- 1					-	☐ Change	☐ Addition	^}-
STREET ADDRESS	1898 SHINN RD.			ET ADDRESS								
CITY-ST-ZIP	FT. PIERCE FL 34945			-ST-ZIP								
TITLE		☐ Delete	TITL	E I						Change	☐ Addition	1
NAME			NAM	E								
STREET ADDRESS				ET ADDRESS								
CITY-ST-ZIP			CITY	-ST-ZIP								
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NAME }			NAM	Į.								
STREET ADDRESS ' CITY-ST-ZIP		•		ET ADDRESS - ST- ZIP								
TITLE		□ Delete	TITLE							Change	☐ Addition	+
NAME		ELI Deiete	NAM	1					1	onange		
STREET ADDRESS				ET ADDRESS								
CITY-ST-ZIP			CITY	-ST-ZIP								1
11. I hereby c	ertify that the information supplied with to on this report is true and accurate and to bility company or the receiver or trustee.	his filing does not qualify for nat my signatule shall have t	the exe	mption stated	d in Secti	on 119.07(3 de under oat)(i), Florida Sta h; that I am a	tutes. I furt managing	her certif member	y that the or manac	information er of the	1
limited lial	cility company or the receiver or trustee.	empowered to execute this r	report as	required by	Chapter	608, Florida	Statutes.			_		1

QUIRED GEORGE T. PANTUSO