

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90207 048 ***150.00

DOCUMENT # M48303

1. Entity Name
GROVE CENTER INCORPORATED



Principal Place of Business
2829 BIRD AVE
MIAMI FL 33133

Mailing Address
17282 SW 78 PLACE
MIAMI FL 33157 4763



2. Principal Place of Business

3. Mailing Address
8892 S.E. ELDORADO WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOBE SOUND, FL

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

33455 USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRADLEY, JACQUELINE J.
17282 SW 78 PLACE
MIAMI FL 33157

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **SPRADLEY, JACQUELINE J.**
STREET ADDRESS **8305 S.W. 143 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **PSD** ☒ Change ☐ Addition
NAME **SPRADLEY, JACQUELINE J.**
STREET ADDRESS **8892 S.E. ELDORADO WAY**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CR2E034 (10/02)

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: *Jacqueline J. Spradley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03 **772-545-2219**

Date **Daytime Phone #**