

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90011 028 \*\*\*150.00

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<b>DOCUMENT #</b>	<b>M87845</b>
<b>1. Entity Name</b> C AND H GROVES, INC.	

<b>Principal Place of Business</b> C/O JAIME S. CARRION 3665 BEE RIDGE ROAD. STE. 310 SARASOTA FL 34233	<b>Mailing Address</b> C/O JAIME S. CARRION 3665 BEE RIDGE ROAD. STE. 310 SARASOTA FL 34233
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 65-0057443	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> MCSWEENEY, ANINA C 3665 BEE RIDGE ROAD SUITE 310 SARASOTA FL 34233	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> C <b>NAME</b> CARRION, JAIME S. <b>STREET ADDRESS</b> 3665 BEE RIDGE RD. #310 <b>CITY-ST-ZIP</b> SARASOTA FL 34233	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> HARRISON, CHARLES W., SR <b>STREET ADDRESS</b> 3665 BEE RIDGE RD. #310 <b>CITY-ST-ZIP</b> SARASOTA FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> THOMAS, DORA M.C. <b>STREET ADDRESS</b> 3665 BEE RIDGE RD. #310 <b>CITY-ST-ZIP</b> SARASOTA FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <b>NAME</b> CARRION, JAIME R. <b>STREET ADDRESS</b> 3665 BEE RIDGE RD. #310 <b>CITY-ST-ZIP</b> SARASOTA FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> P <b>NAME</b> MCSWEENEY, A C <b>STREET ADDRESS</b> 3665 BEE RIDGE RD, STE 310 <b>CITY-ST-ZIP</b> SARASOTA FL 34233	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> V <b>NAME</b> HARRISON, C W JR <b>STREET ADDRESS</b> 3665 BEE RIDGE RD, STE 310 <b>CITY-ST-ZIP</b> SARASOTA FL 34233	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

**SIGNATURE:** *Anina C. McSweeney* **ANINA C. MCSWEENEY** 3/28/02 (941) 923-4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/01)