

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90198 029 ***150.00

DOCUMENT # P00000002616

1. Entity Name

GROVE & HOME IRRIGATION SERVICE, INC.

Principal Place of Business

**234 CLAY STREET
 LABELLE FL 33935**

Mailing Address

**234 CLAY STREET
 LABELLE FL 33935**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Labelle Fla.

City & State

Labelle Fla.

4. FEI Number

65-0971723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**IMHOFF, NANY V
 234 CLAY STREET
 LABELLE FL 33935**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	IMHOFF, DAVID A	
STREET ADDRESS	234 CLAY STREET	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	ST	<input type="checkbox"/> Delete
NAME	IMHOFF, NANCY V	
STREET ADDRESS	234 CLAY STREET	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, OLIVA V	
STREET ADDRESS	108 SEAHORSE LANE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, JACK A	
STREET ADDRESS	108 SEAHORSE LANE	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

863-675-3339

Daytime Phone #

CR2E034 (9/01)