2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# P00000016581

Entity Name: UTA S. GROVE, P.A.

Current Principal Place of Business:

2451 MCMULLEN BOOTH RD.,STE.231
CLEARWATER, FL 33759

New Principal Place of Business:

ONE PROGRESS PLAZA
SUITE 1210
ST. PETERSBURG, FL 33701

Current Mailing Address:

2451 MCMULLEN BOOTH RD.,STE.231
CLEARWATER, FL 33759

New Mailing Address:

P.O. BOX 1689
ST. PETERSBURG, FL 33731

FEI Number: 59-3625214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROVE, UTA S ESQ.
2451 MCMULLEN BOOTH RD.,STE.231
CLEARWATER, FL 33759

Name and Address of New Registered Agent:

GROVE, UTA S ESQ.
ONE PROGRESS PLAZA
SUITE 1210
ST. PETERSBURG, FL 33701

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: _____ 04/14/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GROVE, UTA S
Address: 2451 MCMULLEN BOOTH RD.,STE.231
City-St-Zip: CLEARWATER, FL 33759

Title: P ( ) Delete
Name: GROVE, UTA S
Address: 2451 MCMILLIEN BOOT RD STE 231
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GROVE, UTA S
Address: P.O. BOX 1689
City-St-Zip: ST. PETERSBURG, FL 33731

Title: P (X) Change ( ) Addition
Name: GROVE, UTA S
Address: P.O. BOX 1689
City-St-Zip: ST. PETERSBURG, FL 33731

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: UTA S. GROVE P 04/14/2004
Electronic Signature of Signing Officer or Director — Date