

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91280 043 ***150.00

DOCUMENT # P01000009730
1. Entity Name
GROVE HEAVY EQUIPMENT SALES AND RENTALS, INC.



Principal Place of Business
9506 S RED ROAD
MIAMI FL 33156

Mailing Address
9506 S RED ROAD
MIAMI FL 33156



2. Principal Place of Business
12980 N.W. 30 Ave.

3. Mailing Address
12980 N.W. 30 Ave.

Suite, Apt. #, etc.
PO Box 540147

Suite, Apt. #, etc.
P.O. Box 540147

CHECK HERE IF MAKING CHANGES

City & State
Opa-Locka, FL

City & State
Opa-Locka, FL

4. FEI Number **65-1072657**

Applied For
 Not Applicable

Zip
33054

Country

Zip
33054

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OESTERLE, DOUGLAS W
9506 S RED ROAD
MIAMI FL 33156

Name **Bart Uptegrove**
Street Address (P.O. Box Number is Not Acceptable)
12980 N.W. 30 Avenue

City **Opa-Locka** **FL** Zip Code **33054**

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 *Bart Uptegrove*

DATE **4-17-03**

Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OESTERLE, DOUGLAS W	
STREET ADDRESS	9506 S RED ROAD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Douglas W Oesterle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03

Date
(305) 688 8611
Daytime Phone #

CR2E034 (10/02)