

# 2002 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # P01000019438

1. Entity Name  
A.A.M.B.C. OF G.T.B., INC.

FILED

02 OCT 28 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4401 W. HILLSBOROUGH  
TAMPA FL 33614

Mailing Address

4401 W. HILLSBOROUGH  
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3698607

Applied For

Not Applicable

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

GROVES, GEOFFEY P  
4401 W. HILLSBOROUGH  
TAMPA FL 33614

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

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)

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GROVES, GEOFFEY P 4401 W. HILLSBOROUGH TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROVES, GEOFFEY P 4401 W. HILLSBOROUGH TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Heidi S. Groves 9310 W. OCEANS AVE TAMPA FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Geoffrey P. Groves

Geoffrey P. Groves

10/14/02 (513) 881-3339

ATTN: TYRONE

10-14-02

To whom it may concern,

I NEVER RECIEVED THE FIRST NOTIFICATION TO FILL OUT THE NDR AT THE BEGINNING OF THE YEAR. AND I JUST RECIEVED THIS NOTIFICATION ON OCT 1<sup>ST</sup>. HAD I RECIEVED THE NOTIFICATION IN JANUARY OR FEBRUARY I WOULD HAVE PAID THE 1500<sup>00</sup> PROMOTLY. AND WOULD NOT BE WRITING TO YOU NOW. HOPEFULLY YOU WILL BELIEVE ME AND WAIVE THE ADDITIONAL PENALTIES, AS I HAVE ENCLOSED A CHECK FOR 1500<sup>00</sup> AS INSTRUCTED BY YOUR ASSOCIATE. THANK YOU FOR YOUR ATTENTION TO THIS MATTER

Geoff Groves

