

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90181 005 ***150.00

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DOCUMENT # P92000014645

1. Entity Name
GRANT GROVES, INC.

Principal Place of Business
1514 SW SILVER PINE WAY
#D
PALM CITY FL 34990

Mailing Address
1514 SW SILVER PINE WAY
#D
PALM CITY FL 34990

New Address!



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1573 SW Waterfall Blvd
Suite, Apt. #, etc.

3. Mailing Address

1573 SW Waterfall Blvd
Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number

59-3167075

Applied For

Not Applicable

Zip

34990

Country

Martin

Zip

34990

Country

Martin

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GRANT, BRUCE E.

1514 SW SILVER PINE WAY #D

PALM CITY FL 34990

1573 SW Waterfall Blvd

Palm City FL 34990

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

Bruce E Grant Pres.

3/29/02

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **GRANT, BRUCE E**
STREET ADDRESS **1514 SW SILVER PINE WAY #D**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME **1573 SW Waterfall Blvd**
STREET ADDRESS **Palm City FL 34990**
CITY-ST-ZIP

TITLE **VPS** ☐ Delete
NAME **GRANT RODGERS, SUSAN**
STREET ADDRESS **1190 ST IVES CT**
CITY-ST-ZIP **SUWANEE GA 30174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bruce E Grant Pres.

3/29/02

561-283-4379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2EN34 (9/01)