


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

04-28-2003 91512 003 \*\*\*150.00

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

<b>DOCUMENT # P93000046173</b>			
1. Entity Name <b>GROVER STEWART, INC.</b>		60024148	
Principal Place of Business 25 N. MARKET STREET JACKSONVILLE, FL 32202		Mailing Address 1210 % PHILLIP MILLS CPA 4388 BEACH BLVD JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1210 BEACH BLVD Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-2066406		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 1210 WILLIAMS, BURCH PHILLIP MILLS CPA 4388 BEACH BLVD JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1210 BEACH BLVD 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 _____ (NOTE: Registered Agent's signature required when amending) DATE _____			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D WILLIAMS, BURCH 162 LAUREL GROVE ROAD BRUNSWICK, GA 31526		153 LAUREL GROVE RD	
DS WILLIAMS, JANE C 163 LAUREL GAUL RD BRUNSWICK, GA 31523		O/C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Burch Williams</i>		4/25/03 (912) 267-7181	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		BURCH WILLIAMS PRES	