

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2003 8:00 am  
Secretary of State

02-17-2003 90246 023 \*\*\*150.00

DOCUMENT # **P93000088193**

1. Entity Name  
**HIDDEN GROTTO INC.**



Principal Place of Business  
~~2000 DEL PRADO~~  
CAPE CORAL FL 33990  
US

Mailing Address  
~~2000 DEL PRADO~~  
CAPE CORAL FL 33990  
US



HIDD003 339902001 1B02 20 01/07/03  
NOTIFY SENDER OF NEW ADDRESS  
:HIDDEN GROTTO  
2424 SANTA BARBARA BLVD  
CAPE CORAL FL 33914-4454

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0459799** Applied For  
Not Applicable

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



6. Name and Address of Current Registered Agent

**CRUMP, KATHERINE**  
3312 SW 17TH PL  
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRUMP, KATHERINE</b> 3312 SW 17TH PL CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: *KATHERINE CRUMP* **2/11/03** (239) 772-4438  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)