

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90144 012 ***150.00

DOCUMENT # P94000086705

1. Entity Name
BARGROVE, INC.



Principal Place of Business
**4575 ST JOHNS AVE
SUITE 3
JACKSONVILLE FL 32210**

Mailing Address
**4575 ST JOHNS AVE
SUITE 3
JACKSONVILLE FL 32210**



2. Principal Place of Business
**5031 W. CYPRESS ST.
SUITE, Apt. #, etc.
STE 300**

3. Mailing Address
**P.O. Box 18082
SUITE, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3365173

Applied For
☐ Not Applicable

Zip
33607
Country
HILLSBOROUGH

Zip
33679
Country
HILLSBOROUGH

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

6. Name and Address of Current Registered Agent

**POITEVENT, EARL S III
4575 ST JOHNS AVE
SUITE 3
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name
RANDOLPH S. MERRILL
Street Address (P.O. Box Number is Not Acceptable)
5041 W. CYPRESS ST. STE 300
City
TAMPA FL Zip Code
33607

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]*

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

(NOTE: Registered Agent signature required when reinstating)

3/15/03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARNETT, WILLIAM B 3647 RICHMOND ST JACKSONVILLE FL 32205	<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		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RANDOLPH S. MERRILL 5041 W. CYPRESS ST. TAMPA FL 33607	<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

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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03 813-286-2213 x206

Date Daytime Phone #

CR2E034 (10/02)