

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038647

1. Entity Name

GROW CONSTRUCTION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90100 035 ***150.00

Principal Place of Business

1545METROPOLITAN BLVD STE 4
TALLAHASSEE FL 32308

Mailing Address

1545METROPOLITAN BLVD STE 4
TALLAHASSEE FL 32308-3776
US

2. Principal Place of Business

1546 Metropolitan Blvd.

3. Mailing Address

1546 Metropolitan Blvd.

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3313997

Applied For

Not Applicable

Zip

Country

32308-3775

Zip

Country

32308-3775

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

GROW, WILLIAM A JR
306 WILLIS ROAD
TALLAHASSEE FL 30303

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.

SIGNATURE William A. Grow, Jr., President DATE 4/27/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GROW, WILLIAM A
306 WILLIS ROAD
TALLAHASSEE FL 32303 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 William A. Grow, Jr., President DATE 4/27/00 (850) 422-0290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)