

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90105 011 ***150.00

DOCUMENT # P96000020904

1. Entity Name
MULBERRY GROVE, INC.



Principal Place of Business
**1817 WEAKFISH WAY
PANAMA CITY BEACH FL 32411
US**

Mailing Address
**P.O. BOX 28018
PANAMA CITY FL 32411
US**

OK
stays
the same



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3365546**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**GILMAN, JUDITH D
127 DRAGON CIRCLE
PANAMA CITY BEACH FL 32407**

Name **GARY Gilman**
Street Address (P.O. Box Number is Not Acceptable) **1817 Weakfish Way (P.O. Box 28018)**
City **Panama City Beach FL** Zip Code **32411**

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 **Gary Gilman - President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/15/03
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 **D** ☒ Delete
NAME **GILMAN, JUDITH D**
STREET ADDRESS **P.O. BOX 28018, N/A**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32411**

TITLE **GARY Gilman** ☐ Change ☒ Addition
NAME **P.O. Box 28018**
STREET ADDRESS **Panama City Beach, FL 32411**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **GARY Gilman** **GARY Gilman** **4/15/03** **(850) 235-6966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)