## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P96000023372 Apr 10, 2000 8:00 am Secretary of State JJ & E GROVE, INC. 04-10-2000 90110 022 \*\*\*150.00 Principal Place of Business Mailing Address 1110 OLD FT. GREEN RD. 1110 OLD FT. GREEN RD. WAUCHULA FL 33873 WAUCHULA FL 33873-7710 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0587312 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable MURPHY, EDWINA 1110 OLD FT GREE RD WAUCHULA FL 33873 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change SD Delete TITLE TITLE MURPHY, EDWINA NAME NAME 1110 OLD FT. GREEN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL 33873 Change ☐ Addition TITLE TITLE ☐ Delete MOSELEY, JOHN M NAME NAME 2135 LONNIE SHACKELFORD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ZOLFO SPRINGS FL 33890 Delete ☐ Addition TITLE TITLE MOSELEY, JACK E NAME NAME STREET ADDRESS RT. 1 BOX 40-A STREET ADDRESS CITY-ST-ZIP **BOWLING GREEN FL 33834** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

OO.4-H

863-773-4174

Daytime Phone #