

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90048 013 ***150.00

DOCUMENT # P96000077416

1. Entity Name
D & H GROVES, INC.

Principal Place of Business
9960 U.S. 1 S
ST. AUGUSTINE FL 32086

Mailing Address
3808 MAGNOLIA PT LN
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

4211 US 1 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 211

City & State

City & State

St. Augustine Fl.

Zip

Country

Zip

Country

32086

4. FEI Number

59-3403591

Applied For

Not Applicable

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

GRIFFIN, TERESA D
3808 MAGNOLIA PT LANE
ST AUGUSTINE FL 32086

Name **TERESA D. Griffin**

Street Address (P.O. Box Number is Not Acceptable)

4211 US 1 South

PMB 211

City **St. Augustine**

FL

Zip Code **Fl.**

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 **Teresa Griffin** **TERESA Griffin VP**

2/22/02

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. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **D** ☐ Delete
 NAME **HEAD, DOROTHY**
 STREET ADDRESS **3808 MAGNOLIA PT LANE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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

TITLE **D** ☐ Delete
 NAME **HEAD, HARLEY D III**
 STREET ADDRESS **3808 MAGNOLIA PT LN**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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

TITLE **D** ☐ Delete
 NAME **GRIFFIN, TERESA D**
 STREET ADDRESS **3808 MAGNOLIA PT LN**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Teresa Griffin **TERESA Griffin VP** **2/22/02**

Date

904-797-5572

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)71