

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90114 012 ***150.00

DOCUMENT # P97000055832

1. Entity Name
SUN GROVE CARETAKING INC.

Principal Place of Business 2182 NW BROWNVILLE ST ARCADIA FL 34266	Mailing Address 2182 NW BROWNVILLE ST ARCADIA FL 34266-5890
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2779 S.W. Hillsbough Ave Suite, Apt. #, etc.	3. Mailing Address 2779 S.W. Hillsbough Ave Suite, Apt. #, etc.
City & State Arcadia, Florida	City & State Arcadia, Florida
Zip 34266	Country US

4. FEI Number 59-3451377	APPLIED FOR	Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	Not Applicable

6. Name and Address of Current Registered Agent

WESSON, STEVE
2182 NW BROWNVILLE ST
ARCADIA FL 34266

7. Name and Address of New Registered Agent

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 *Steve Wesson* DATE 4/10/00

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

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 PS	<input type="checkbox"/> Delete	TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WESSON, STEVE		NAME Wesson, Steve	
STREET ADDRESS 2182 NW BROWNVILLE ST		STREET ADDRESS 2182 N.W. Brownville St.	
CITY-ST-ZIP ARCADIA FL 34266		CITY-ST-ZIP Arcadia Florida 34266	
TITLE VCT	<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORRIVEAU, CLAUDE		NAME Corriveau, Claude	
STREET ADDRESS 2741 SW HILLSBOROUGH		STREET ADDRESS 2779 S.W. Hillsbough Ave.	
CITY-ST-ZIP ARCADIA FL 34266		CITY-ST-ZIP Arcadia, Florida 34266	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: *Steve Wesson* DATE 4/10/00 DAYTIME PHONE # 863-494-0703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)