

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90237 029 \*\*\*150.00

**DOCUMENT # P97000065291**

1. Entity Name  
**BENNETT GROVES, INC.**



Principal Place of Business  
**700 40TH AVENUE N.E.  
ST. PETERSBURG FL 33703-5908**

Mailing Address  
**700 40TH AVENUE N.E.  
ST. PETERSBURG FL 33703-5908**

400007723



2. Principal Place of Business

**6670 W BEECH RD**

3. Mailing Address

**700 40 AV. N.E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3467985**

Applied For  
Not Applicable

Zip

Country

**FLORIDA**

Zip

**33703**

Country

**FLORIDA**

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

**IOTT, OUIDA B**

**700 40TH AVENUE N.E.**

**ST. PETERSBURG FL 33703-5908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**IOTT, OUIDA B**  
**700 40TH AVENUE N.E.**  
**ST. PETERSBURG FL 33703-5908**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**SALINERO, MARIE B**  
**BOX 8494**  
**MADEIRA BEACH FL 33738**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**MARTIN, RICHARD**  
**18630 TYLER ROAD**  
**ODESSA FL 33556**

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowe

SIGNATURE: **OUIDA B. IOTT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**Ouida B. Iott**  
**700 40th Ave. NE**  
**St. Petersburg, FL 33703-5908**

Date

Daytime Phone #

CR2E034 (10/02)