2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000018146 **DOCUMENT#**

1. Entity Name

CONWAY GROVES, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90517 048 ***150.00

CITRUS BANK BLDG 12200 WEST COLONIAL DRIVE SUITE 3001 WINTER GARDEN FL 34787		Mailing Address CITRUS BANK BLDG 12200 WEST COLONIAL DRIVE SUITE 3001 WINTER GARDEN FL 34787					
2. Principal Place of Business		3. Mailing Address		1 0 0 1 0 1 1 1 1 1 1	4:11 02:11: BD1:1 04:41 1:00: 12:01		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK H	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3500	314	Applied For	
Zip Country		Zip Country		5. Certificate of Status Desi	red	Not Applicable Additional	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of N	Fee Re	quired	
MOOALL	DANDAN C	and the second s	Name	- ب <u>نسر</u> ب	 		
	, randall e Bank blog		Street	Address (P.O. Box Number is Not Accep	ss (P.O. Box Number is Not Acceptable)		
	EST COLONIAL DRIVE, SUITE 3001						
	GARDEN FL 34787			· * · · · · · · · · · · · · · · · · · ·			
			City	FL Zip Code			
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office of	or registered agent, or both, in the State	of Florida. I am familiar	with, and accept	
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTi	E: Registered Agent signa	iture required when reinstating)	DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaig Trust Fund Contril	· ~ ~ ~	5.00 May Be	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, HOLLIS O 12200 WEST COLONIAL DR STE : WINTER GARDEN FL 34787	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha		
TITLE	D	Delete	TITLE		Char	nge	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- L	☐ Chan	ge [] 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 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: