

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90043 012 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # P98000061892

1. Entity Name
VAN WINGEN, YOUNG & GROH, INC.
VAN WINGEN & GROH, INC.

NIC *(AM)* ✓

Principal Place of Business Mailing Address

3424 DUNDALK DRIVE **3111-20 MAHAN DRIVE**
TALLAHASSEE FL 32308 **PMB 178M**
TALLAHASSEE FL 32308

2. Principal Place of Business 3. Mailing Address

3424 DUNDALK DRIVE Suite, Apt. #, etc.

City & State City & State

TALLAHASSEE

Zip Country Zip Country

32309 **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAN WINGEN, JOHN R
3424 DUNDALK DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name
VAN WINGEN, JOHN R

Street Address (P.O. Box Number is Not Acceptable)
3424 DUNDALK DRIVE

City State Zip Code
TALLAHASSEE **FL** **32309**

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 _____ DATE _____
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D VAN WINGEN, JOHN R 3424 DUNDALK DRIVE TALLAHASSEE FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN WINGEN, JOHN R 3424 DUNDALK DRIVE TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROH, JAMES M BOX 6215 N/A TALLAHASSEE FL 32314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John R. Van Wingen* **JOHN R. VAN WINGEN** **3/19/02** **(850) 906-0515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/01)