

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000050350

1. Entity Name

GROVE VIDEO INC

FILED
May 24, 2000 8:00 am
Secretary of State

04-24-2000 90157 002 ***150.00

Principal Place of Business
11599 OKEECHOBEE BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address
11599 OKEECHOBEE BLVD.
ROYAL PALM BEACH FL 33411-8718

2. Principal Place of Business
~~5010 SEMINOLE~~
SUITE, APT. #, ETC.
PRIVATE WHITNEY RD.

3. Mailing Address
SUITE, APT. #, ETC.

City & State
LOXAHATCHEE, FL

City & State

Zip
33470

Country
USA

Zip

Country

4. FEI Number
65-0909789

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

PIKE, E C
11599 OKEECHOBEE BLVD.
ROYAL PALM BEACH FL 33411

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

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. (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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
E. C. PIKE
11357 ROSELYNN WAY
LAKE WORTH, FL 33467

☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000 561-333-8578

Date

Daytime Phone #

CR2E034 (9/99)