

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91305 007 ***150.00

DOCUMENT # P99000067088

1. Entity Name
DEREUS GROVES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
510 N. FLORIDA AVE.
LAKELAND FL 33801

Mailing Address
2050 ARIANA BLVD.
AUBURNDALE FL 33823

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
510 N Florida Ave
 Suite, Apt. #, etc.

City & State
Lakeland, FL

4. FEI Number **59-3597183** Applied For
 Not Applicable

City & State
Lakeland, FL

Zip **33801** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEREUS, MARJORIE A
2050 ARIANA BLVD.
AUBURNDALE FL 33823

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 _____ 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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DEREUS, FORREST E	
STREET ADDRESS	2050 ARIANA BLVD.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEREUS, MARK T	
STREET ADDRESS	726 ORANGE PARK AVE.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME	DEREUS, MARJORIE A	
STREET ADDRESS	2050 ARIANA BLVD.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LALONDE, SHARRON D	
STREET ADDRESS	2182 ARIANA BLVD.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE: *Marjorie A. Dereus* **4/30/2001** **863-688-8893**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)