

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 AUG 14 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P99~~000099470  
1. Entity Name **BARAJAS GROVE SERVICE, INC**

Principal Place of Business Mailing Address  
**347 S. ORANGE AVE**  
**ARCADIA, FL**

2. Principal Place of Business 3. Mailing Address  
**347 S. ORANGE AVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**ARCADIA, FL**

Zip Country Zip Country  
**34266 DESOTO**

4. FEI Number ☒ Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ROOSEVELT S. ISAAC**  
**347 S. ORANGE AVE**  
**ARCADIA, FL**

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 Roosevelt S. Isaac **8-14-00**  
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  
TITLE NAME ☐ Delete  
**Pres. JESUS BARAJAS**  
**620 W FROST PROOF RD**  
**FROST PROOF, FL**  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME ☐ Change ☐ Addition  
**500003361805--4**  
**-08/18/00--01039--001**  
**\*\*\*\*150.00 \*\*\*\*150.00**  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
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 empowered.

SIGNATURE: Jesus Barajas **8-14-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)