**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am Secretary of State DOCUMENT # S04151 1. Entity Name ARCADIA GROVES, INC. 04-23-2002 90388 013 \*\*\*150.00 Principal Place of Business Mailing Address 1958 MONROE DR P O BOX 1738 ATL'ANTA GA 30324-4887 ATLANTA GA 30301-1738 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 58-1913337 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAUL, B. H. Street Address (P.O. Box Number is Not Acceptable) 1144 WEST GRIFFIN ROAD LAKELAND FL 33805 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME READY JR, GEORGE W NAME 1958 MONROE DR NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP atlanta ga CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME PAUL, B H NAME STREET ADDRESS 1144 W GRIFFIN RD STREET ADDRESS CITY-ST-7IP LAKELAND FL CITY-ST-ZIP ......Delete..... TITLE Addition NAME Watkins, Joyce NAME STREET ADDRESS 1144 W GRIFFIN RD STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attach point with an address, with all one) like empowered.

GEORGE W READY, JR/SEC 4-12-02 404-872-3841 SIGNATURE: Date Daytime Phone #