

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90304 039 ***150.00

DOCUMENT # S04834

1. Entity Name
RICHARD M. GROFF ADVISORY SERVICES CORP.



Principal Place of Business
**2640 GOLDEN GATE PARKWAY
SUITE 101
NAPLES FL 34105
US**

Mailing Address
**2640 GOLDEN GATE PARKWAY
SUITE 101
NAPLES FL 34105
US**

2. Principal Place of Business
13780 Pondview Circle

3. Mailing Address
P.O. Box 1389

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, Florida

City & State
Bonita Springs, FL

4. FEI Number **65-0219292**

Applied For
Not Applicable

Zip Country
34119 U.S.

Zip Country
34133-1389 U.S.

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

**GEHRKE, CAHRLES R
3001 TAMIAMI TRAIL N
2375 TAMIAMI TRAIL NORTH, SUITE 306
NAPLES FL 33941**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PDS**
STREET ADDRESS **JOHNSON-GROFF, JOAN C**
CITY-ST-ZIP **27340 HIDDEN RIVER CT
BONITA SPRINGS FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13780 Pondview Circle**
CITY-ST-ZIP **Naples, Florida 34119**

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **GROFF, RICHARD M**
CITY-ST-ZIP **27340 HIDDEN RIVER CT
BONITA SPRINGS FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13780 Pondview Circle**
CITY-ST-ZIP **Naples, Florida 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Joan Johnson-Groff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)