

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31521

1. Entity Name  
BULLISH ON GROVES, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90189 016 \*\*\*150.00

C0066385



DO NOT WRITE IN THIS SPACE

|                                                                             |         |                                                                 |         |
|-----------------------------------------------------------------------------|---------|-----------------------------------------------------------------|---------|
| Principal Place of Business<br>2998 PLANTATION RD.<br>WINTER HAVEN FL 33884 |         | Mailing Address<br>2998 PLANTATION RD.<br>WINTER HAVEN FL 33884 |         |
| 2. Principal Place of Business                                              |         | 3. Mailing Address                                              |         |
| Suite, Apt. #, etc.                                                         |         | Suite, Apt. #, etc.                                             |         |
| City & State                                                                |         | City & State                                                    |         |
| Zip                                                                         | Country | Zip                                                             | Country |

|                                  |            |                          |                                |
|----------------------------------|------------|--------------------------|--------------------------------|
| 4. FEI Number                    | 59-3123259 | Applied For              | <input type="checkbox"/>       |
|                                  |            | Not Applicable           | <input type="checkbox"/>       |
| 5. Certificate of Status Desired |            | <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SCHECK, JOHN W.  
2998 PLANTATION ROAD  
WINTER HAVEN FL 33884

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 \_\_\_\_\_

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) <input type="checkbox"/> | <p><b>FILE NOW!!! FEE IS \$150.00</b></p> <p><b>After MAY 1, 2001 Fee will be \$550.00</b></p> <p><b>Make Check Payable to Department of State</b></p> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|

11. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | SCHECK, JOHN W.       |                                 |
| STREET ADDRESS | 2998 PLANTATION RD.   |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL       |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | HAZLETT, H. LYNN      |                                 |
| STREET ADDRESS | 759 ILAKEE AVE. SOUTH |                                 |
| CITY-ST-ZIP    | LAKE ALFRED FL        |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| 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           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| 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           |  |                                                                   |
| 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: John W. Scheck, President 4-30-01 863-291-8306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)