2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56083 Feb 16, 2000 8:00 am Secretary of State HERNANDO GROVES, INC. 02-16-2000 90120 009 ***150.00 Principal Place of Business Mailing Address 9848 DOMINGO DRIVE 9848 DOMINGO DRIVE **BROOKSVILLE FL 34601** BROOKSVILLE FL 34601-5224 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. FEI Number Applied For 59-3131683 Not Applicable Zip Country 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 SHEFFIELD, CHARLES G Street Address (P.O. Box Number is Not Acceptable) 9848 DOMINGO DRIVE **BROOKSVILLE FL 34601** Zip Code formits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete TITLE SHEFFIELD, CHARLES G. NAME NAME 9848 DOMINGO DRIVE STREET AODRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MILIZIANO, JOSEPH P NAME NAME 4322 FOX RIDGE DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP WESTON FL 33331 ☐ Delete TITLE TITLE ☐ Change ☐ Addition MILIZIAÑO, JOHN NAME NAME 16431 OFFENHOUR RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA FL CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE JOSE R GARMENDIA, JR. NAME NAME 29210 CROSSLAND DRIVE STREET ADDRESS STREET ADDRESS WESLEY, CHAPEL FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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 12 in

n address, with all other,

changed, or on an attachment with

SIGNATURE: