

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90088 003 ***150.00

DOCUMENT # 149900

1. Entity Name
J.P. GRIFFIN, INC.



Principal Place of Business
604 NORTH GILCHRIST AVE
~~P.O. BOX 2210~~
~~TAMPA FL 33601~~

Mailing Address
604 NORTH GILCHRIST AVE
~~P.O. BOX 2210~~
~~TAMPA FL 33601~~



2. Principal Place of Business
604 N. Gilchrist Avenue

3. Mailing Address
604 N. Gilchrist Avenue

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL 33606-1320

City & State
Tampa, FL 33606-1320

4. FEI Number
59-0567965

Applied For
Not Applicable

Zip
33606-1320

Country
USA

Zip
33606-1320

Country
USA

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

6. Name and Address of Current Registered Agent

LINGERFELT, BRYAN J.
604 NORTH GILCHRIST AVE
~~P.O. BOX 2210~~
TAMPA FL 33601-9210

No longer use P. O. Box

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

SIGNATURE _____ (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 | P | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LINGERFELT, BRYAN J. | | NAME | | |
| STREET ADDRESS | 15006 CARLTON LAKE ROAD | | STREET ADDRESS | 15006 Carlton Lake Road | |
| CITY-ST-ZIP | LITHIA FL | | CITY-ST-ZIP | Wimauma, FL 33598 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LINGERFELT, DEANNA L | | NAME | | |
| STREET ADDRESS | 15006 CARLTON LAKE ROAD | | STREET ADDRESS | 15006 Carlton Lake Road | |
| CITY-ST-ZIP | LITHIA FL 33547 | | CITY-ST-ZIP | Wimauma, FL 33598 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *Bryan J. Lingerfelt* **Bryan J. Lingerfelt, President/Owner**

1/7/2003 813/251-6626

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

CR2E034 (10/02)