

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 263256

1. Entity Name

GRIFFITHS, INC.

Principal Place of Business

2930 WINTER LAKE RD
LAKELAND FL 33803-9706

Mailing Address

2930 WINTER LAKE RD
LAKELAND FL 33803-9706

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6235975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITHS, J T

2930 WINTER LAKE RD
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PO
NAME GRIFFITHS, JAMES T
STREET ADDRESS 314 SHADOW MOSS CT L
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE D
NAME GRIFFITHS, KENNETH A
STREET ADDRESS 3345 WOODROW WAY
CITY-ST-ZIP ATLANTA GA 30319 ☐ Delete

TITLE D
NAME GRIFFITHS, ROGER D
STREET ADDRESS 1023 W LAKE ELOISE TERR.
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800004610098-00
-09/25/01-01043-007
***150.00 ***150.00

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

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

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

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

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:

Signature REQUIRED

8/30/01

Date

863 665 0709

Daytime Phone #

06-21-2001 90001 043 ***150.00
09-06-2001 90265 017 ***250.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 SEP -6 AM

DO NOT WRITE IN THIS SPACE

CR2034 (5/01)