## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # 427489** 1. Entity Name C J GRIFFIN TRUCKING INC. 03-08-2001 90023 037 \*\*\*150.00 Principal Place of Business Mailing Address 4117 NW 5TH AVE 4117 NW 5TH AVE FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 816940 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 59-1476796 Not Applicable Zip Country 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 GRIFFIN, CURTIS J. Street Address (P.O. Box Number is Not Acceptable) 4117 N.W. 5TH AVENUE FORT LAUDERDALE FL 33309 City Zip Code FL 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 FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DST TITLE ☐ Delete TITLE Change ☐ Addition **GRIFFIN. YOUVON** NAME NAME STREET ADDRESS 4117 NW 5TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 TIT) F ☐ Change □ Delete TITLE ☐ Addition GRIFFIN, CURTIS J NAME NAME STREET ADDRESS 4117 NW 5TH AVE STREET ADDRESS CITY-ST-7IP FT LAUDERDALE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition JENKINS, DIANN NAME NAME STREET ADDRESS 11580 N.W. 40TH STREET STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.