

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90140 002 ***150.00

DOCUMENT # 482699

1. Entity Name

STAN GRIFFIN REAL ESTATE, INC.

Principal Place of Business

**4524 GUN CLUB RD
STE 211
W PALM BCH FL 33415**

Mailing Address

**4524 GUN CLUB RD
STE 211
W PALM BCH FL 33415**

2. Principal Place of Business

537 U.S. Hwy I

Suite, Apt. #, etc.

1A

3. Mailing Address

537 U.S. Hwy I

Suite, Apt. #, etc.

1A

City & State

North Palm Beach, Fl

City & State

North Palm Beach, Fl

Zip
33408

Country
USA

Zip
33408

Country
USA

4. FEI Number

59-1639950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, S. STANLEY

~~4524 GUN CLUB RD STE 211
W PALM BCH FL 33415~~

**537 U.S. Hwy I, Ste 1A
North Palm Beach, Fl. 33408**

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	GRIFFIN, S STANLEY			
	4524 GUN CLUB RD STE 211			
	W PALM BEACH FL 33415			
	S			
	GRIFFIN, JOAN G			
	4524 GUN CLUB RD STE 211			
	W PALM BEACH FL 33415			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)