## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 06, 2002 8:00 am g DOCUMENT # 539938 1. Entity Name RUSSELL J. GRIFFIN CONSTRUCTION, INC. 05-06-2002 90113 002 \*\*\*150.00 Principal Place of Business Mailing Address 1571 SW 13TH PL 1571 S.W. 13TH PLACE **BOCA RATON FL 33486 BOCA RATON FL 33486** 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 59-1752067 Not Applicable Zip Country\_ Zip Country , 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKENSON, DAVID B. Street Address (P.O. Box Number is Not Acceptable) 150 E. PALMETTO PARK ROAD SUITE 600 **BOCA RATON FL 33432** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDS TITLE ☐ Delete ☐ Addition GRIFFIN, RUSSELL J. NAME NAME STREET ADDRESS 1571 S.W. 13TH PLACE STREET ADDRESS CITY-ST-ZIP **BOCA RATON, FL 00000** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME DICKENSON, DAVID B NAME STREET ADDRESS 150 E PALMETTO PARK ROAD STREET ADDRESS CITY-ST-ZIP **BOCA RATON, FL 00000** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIFFIN, RUSSELL J NAME STREET ADDRESS 1571 S.W. 13TH PLACE STREET ADDRESS CITY-ST-ZIE BOCA RATON, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition -

CR2E034 (9/01)