2003 FOR PROFIT CORPORATION

Mar 27, 2003 8:00 am secretary of State **UNIFORM BUSINESS REPORT (UBR)** 539938 DOCUMENT # 1. Entity Name 03-27-2003 90109 013 ***150.00 RUSSELL J. GRIFFIN CONSTRUCTION, INC. Principal Place of Business Mailing Address 1571 S.W. 13TH PLACE 1571 SW 13TH PL **BOCA RATON FL 33486 BOCA RATON FL 33486** HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1752067 Not Applicable Zip Country Zip 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 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THTLE . ☐ Delete TITLE Change Addition GRIFFIN. RUSSELL J. NAME NAME 1571 S.W. 13TH PLACE STREET ADDRESS STREET ADDRESS **BOCA RATON, FL 00000** CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DICKENSON, DAVID B NAME NAME 150 E PALMETTO PARK ROAD STREET ADDRESS STREET ADDRESS BOCA RATON, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME GRIFFIN. RUSSELL J NAME STREET ADORESS 1571 S.W. 13TH PLACE STREET ADDRESS BOCA RATON, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE ☐ Addition

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 attachmen with all other like empowered

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

__ Addition