

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588003

1. Entity Name

ENNIS, PELLUM & GRIGGS, P.A.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90006 043 ***550.00

Principal Place of Business

Mailing Address

4417 BEACH BLVD SUITE 3604
SUITE 304
JACKSONVILLE FL 32207-1732
US

4417 BEACH BLVD
STE 304
JACKSONVILLE FL 32207-9408
US

00060506



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1843700

Applied For

Not Applicable

Zip

Country

Zip

-Country

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

ENNIS, ROBERT W.
4417 BEACH BLVD SUITE 304
JACKSONVILLE FL 32207

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, 2000 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 PD
NAME ENNIS, ROBERT W
STREET ADDRESS 2164 IVYGAIL DR W
CITY-ST-ZIP JAX, FL 00000 ☐ Delete

TITLE SD
NAME ☒ Change ☐ Addition

TITLE TD
NAME PELLUM, RONALD R.
STREET ADDRESS 2466 CEDAR SHORES CIRCLE
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE VPD
NAME GRIGGS, ERIC
STREET ADDRESS 11037 HARBOUR NORTH LANE
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE PD
NAME ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)