

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90522 041 ***150.00

DOCUMENT # 588003

1. Entity Name

ENNIS, PELLUM & GRIGGS, P.A.

Principal Place of Business

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

Mailing Address

**4417 BEACH BLVD
 STE 304
 JACKSONVILLE FL 32207-1732
 US**

814559



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5150 Belfort Rd. S.

3. Mailing Address

5150 Belfort Rd. S.

Suite, Apt. #, etc.

Bldg. # 600

Suite, Apt. #, etc.

Bldg. # 600

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1843700

Applied For

Not Applicable

Zip

32250

Country

U.S.

Zip

32250

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5150 Belfort Rd. S., Bldg 600

City

Jacksonville

FL

Zip Code

32250

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

TITLE ☐ Delete
 NAME **SD ENNIS, ROBERT W**
 STREET ADDRESS **2164 IVYGAIL DR W**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3685 Coastal View Drive**
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3473 Ocean Cay Circle**
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, 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:

ROBERT W. ENNIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

Date

(904) 396-5965

Daytime Phone #

CR2E034 (10/00)