FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90158 043 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588003

1. Entity Name
Ennis, Pellum & Griggs, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5150 Belfort Rd. S	5150 Belfort RD. S.
Suite, Apt. #, etc. Bldg. #600	Suite, Apt. #, etc. Bldg. #600
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32256 Country U.S.	Zip 32256 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1843700 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TREASURER
NAME	Robert W. Ennis
STREET ADDRESS	3685 Coastal View Drive
CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	Secretary
NAME	Ronald R. Pellum
STREET ADDRESS	2466 Cedar Shores Circle
CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	President
NAME	Eric N. Griggs
STREET ADDRESS	225 Clearwater Drive
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Ennis 4/26/02 (904) 396-5965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #