

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 692842

1. Entity Name

GRIFFITH EQUIPMENT & SUPPLY COMPANY

Principal Place of Business

700 S. PACE BLVD
PENSACOLA FL 32501
US

Mailing Address

700 S. PACE BLVD
PENSACOLA FL 32501-5029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2106908

Applied For

Not Applicable

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

GRIFFITH, ROBERT W
2201 SCENIC HWY P-3
PENSACOLA FL 32503

Name

Brenda Baldwin

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

700 S. Pace Blvd.

City

Pensacola

FL

Zip Code

32501

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 Brenda Baldwin Manager

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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 DP
NAME GRIFFITH, ROBERT W
STREET ADDRESS 2201 SCENIC HWY P-3
CITY-ST-ZIP PENSACOLA, FL 00000 ☒ Delete

TITLE DP
NAME Walter Kimball Griffith
STREET ADDRESS 3213 Macon St NW
CITY-ST-ZIP Washington DC 20008 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Walter Kimball Griffith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-08-2000 90091 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)