2001 UNIFORM BUSINESS REPORT (UBR)

AND TYPED OR PRINTED NAME OF SIGNING O

FILED Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # F85705** 1. Entity Name GRIFFIS LUMBER, INC. 04-19-2001 90310 038 ***150.00 Principal Place of Business Mailing Address 9333 NW 13TH ST. P.O. BOX 357310 GAINESVILLE FL 32606 GAINESVILLE FL 32635-7310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2203133 Not Applicable 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 CONWELL, BILL Street Address (P.O. Box Number is Not Acceptable) 9333 N.W. 13 STREET **GAINESVILLE FL 32653** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's gnature required when reinstating) CTAC 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ۲۱۱۱ ۶ CR2E034 (10/00) ☐ Delete TITLE Change ☐ Addition GRIFFIS, KATHY NAME NAME STREET ADDRESS 9333 NW 13TH ST. STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP **VPS** TITLE ☐ Delete TITLE Change Addition CONWELL, BILL NAME NAME STREET ADDRESS 9338 N.W. 13 STREET STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32653** CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chaque ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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 eignature 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 w ith all other like e

R OR DIRECTOR

01/29/01