

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90360 021 ***150.00

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DOCUMENT # F97000003006

1. Entity Name

GRIFIN COMMUNICATIONS OF SOUTH FLORIDA, INC.



Principal Place of Business

12705 82ND LANE NORTH
WEST PALM BEACH FL 33412

Mailing Address

12705 82ND LANE NORTH
WEST PALM BEACH FL 33412

2. Principal Place of Business

20273 STATE Rd. 7

Suite, Apt. #, etc.

UNIT F-500

3. Mailing Address

5517 N. MILITARY TR.

Suite, Apt. #, etc.

UNIT #905

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33498

Country

USA

Zip

33496

Country

USA

4. FEI Number

65-0518968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ELGER-GRIFFIN, KIM R

12705 82ND LANE NORTH
WEST PALM BEACH FL 33412
5517 N. MILITARY TR.
#905
BOCA RATON, FL 33496

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kim R. Elger-Griffin
Signature, typed or printed name of registered agent and title if applicable

PRES.
(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

9. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME ELGER-GRIFFIN, KIM R
STREET ADDRESS 12705 82ND LANE NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Delete

TITLE VS
NAME GRIFFIN, RICHARD L
STREET ADDRESS 12705 82ND LANE NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5517 N. MILITARY TR. #905
CITY-ST-ZIP BOCA RATON, FL 33496 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5517 N. MILITARY TR. #905
CITY-ST-ZIP BOCA RATON, FL 33496 ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kim R. Elger-Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM R. ELGER-GRIFFIN 4/15/03 994-7497

Date

Daytime Phone #

CR2E034 (10/02)