## 2002 Uniform Business Report (UBR)

## Mar 29, 2002 8:00 am DOCUMENT # F98000002398 **Secretary of State** 1. Entity Name 03-29-2002 91216 036 \*\*\*150.00 GRIGGS OIL COMPANY, INC. Principal Place of Business Mailing Address 1101 13TH STREET 1101 13TH STREET PHENIX CITY AL 36867 PHENIX CITY AL 36867 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 63-1190026 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERDE, JERRY Street Address (P.O. Box Number is Not Acceptable) 239 E. 4TH STREET PANAMA CITY FL 32401 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Change TITLE ☐ Delete NAME GRIGGS, SEABRON M JR STREET ADDRESS STREET ADDRESS 32 NORTH HAVEN ROAD CITY-ST-ZIP CITY-ST-ZIP SEALE AL 36875 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME GRIGGS, JOHN E STREET ADDRESS STREET ADDRESS **80 NORTH HAVEN ROAD** CITY-ST-ZIP CITY-ST-ZIP **SEALE AL 36875** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SEABRON M. GRIGGS, JR3-19-67

changed, or on an attachment with an a

**FILED** 

CR2E034 (9/01)

Daytime Phone #