

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90474 031 ***150.00

DOCUMENT # G12680	
1. Entity Name	
ROBERT L. GRIFFIN RANCH, INC.	

DO NOT WRITE IN THIS SPACE

94065698

2. Principal Place of Business 311 SOUTH SECOND STREET Suite, Apt. #, etc. P.O. BOX 1270 City & State FORT PIERCE, FL		3. Mailing Address 311 SOUTH SECOND STREET Suite, Apt. #, etc. P.O. BOX 1270 City & State FORT PIERCE, FL	
Zip 34950-1270	Country US	Zip 34950-1270	Country US

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DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2237202		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name GRIFFIN, CHESTER B. Street Address (P.O. Box Number is Not Acceptable) 311 SOUTH SECOND STREET City FORT PIERCE FL Zip Code 34950		

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

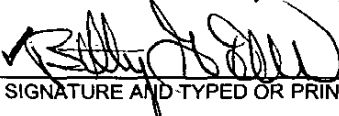
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEES, BETTY G. 1701 GULFSTREAM AVE., #725 HUTCHINSON ISLAND, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



BETTY G. DEES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-04