

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

DOCUMENT # G71000

1. Entity Name

GRUBBS CONSTRUCTION COMPANY

FILED

02 OCT -8 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1115 SOUTH MAIN STREET

3. Mailing Address

1115 SOUTH MAIN STREET

Suite, Apt. #, etc.

P.O. BOX 10262

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

4. FEI Number

59-2340230

Applied For

Not Applicable

Zip

34601

Country

US

Zip

34601-0262

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN G. GRUBBS

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

1115 SOUTH MAIN STREET

City

BROOKSVILLE

FL

Zip Code
34601

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVDST GRUBBS, JOHN G. 1115 SOUTH MAIN STREET BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500008426955-9 -10/17/02--01057-003 ***\$367.50 ***\$61.25
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John G. Grubbs 10/8/02

(352) 796-1912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #