

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90376 003 \*\*\*150.00

**DOCUMENT # J57883**

1. Entity Name

**J.J. GRIFFITHS, INC.**

Principal Place of Business

**5411 LAKE HOWELL RD  
WINTER PARK FL 32792  
US**

Mailing Address

**5411 LAKE HOWELL RD  
WINTER PARK FL 32792  
US**

2. Principal Place of Business

**5285 RED BUG LAKE Rd.  
Suite, Apt. #, etc.  
SUITE 113**

3. Mailing Address

**5285 RED BUG LAKE Rd.  
Suite, Apt. #, etc.  
SUITE 113**



DO NOT WRITE IN THIS SPACE

City & State

**WINTER SPRINGS, FL**

City & State

**WINTER SPRINGS, FL**

4. FEI Number

**59-2768981**

Applied For

Not Applicable

Zip

**32708**

Country

**USA**

Zip

**32708**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFITHS, JOSEPH J.  
5411 LAKE HOWELL RD  
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name

**5285 RED BUG LAKE Rd.  
SUITE 113**

City

**WINTER SPRINGS**

**FL**

Zip Code

**32708**

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)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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 **PD** ☐ Delete  
NAME **GRIFFITHS, JOSEPH J.**  
STREET ADDRESS **649 SARANAC DR**  
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **STD** ☐ Delete  
NAME **GRIFFITHS, GEORGANN R.**  
STREET ADDRESS **649 SARANAC DR**  
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **VD** ☐ Delete  
NAME **GRIFFITHS, DAN**  
STREET ADDRESS **1105 MANIGAN AVE.**  
CITY-ST-ZIP **OVIEDO FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32708**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32708**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1015 LAKE ROGERS BLVD.**  
CITY-ST-ZIP **OVIEDO, FL 32765**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGANN GRIFFITHS**

**3-27-01 (407) 695-9600**

Date

Daytime Phone #

CR2E034 (10/00)