

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90048 039 ***150.00

DOCUMENT # J57883

1. Entity Name

J.J. GRIFFITHS, INC.

Principal Place of Business

Mailing Address

~~5285 RED BUG LAKE RD.~~
~~STE 119~~
 WINTER SPRINGS FL 32708
 US

~~5285 RED BUG LAKE RD.~~
~~STE 119~~
 WINTER SPRINGS FL 32708
 US

2. Principal Place of Business

649 SARANAC DR

3. Mailing Address

649 SARANAC DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

Zip 32708

Country USA

Zip 32708

Country USA

4. FEI Number

59-2768981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITHS, JOSEPH J.
~~5285 RED BUG LAKE RD.~~
~~STE 119~~
 WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

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

649 SARANAC DR.

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

Joseph J. Griffiths

3-8-02

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, 2002 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	<input type="checkbox"/> Delete
NAME	GRIFFITHS, JOSEPH J.	
STREET ADDRESS	649 SARANAC DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRIFFITHS, GEORGANN R.	
STREET ADDRESS	649 SARANAC DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFITHS, DAN	
STREET ADDRESS	1015 LAKE RODGERS BLVD	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph J. Griffiths

3-8-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)