

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96228

1. Entity Name

GRIFFITH COMPUTER SERVICES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90023 011 ***150.00

Principal Place of Business

821 PATRICIA AVE.
UNIT 303
DUNEDIN FL 34698
US

Mailing Address

821 PATRICIA AVE.
UNIT 303
DUNEDIN FL 34698-6018
US

2. Principal Place of Business

500 NEW YORK AVE.

3. Mailing Address

500 NEW YORK AVE

Suite, Apt. #, etc.

UNIT # 35

Suite, Apt. #, etc.

UNIT # 35

City & State

DUNEDIN, FL.

City & State

DUNEDIN, FL.

Zip

34698

Country

U.S.

Zip

34698

Country

U.S.

4. FEI Number

59-2963360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GRIFFITH, DAVID J.
821 PATRICIA AVE.
UNIT 303
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

DAVID J. GRIFFITH

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

500 NEW YORK AVE. UNIT # 35

City

DUNEDIN

FL

Zip Code

34698

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

David J. Griffith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-00

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS GRIFFITH, DAVID J.
CITY-ST-ZIP 821 PATRICIA AVE., UNIT 303
DUNEDIN FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS DAVID J. GRIFFITH
CITY-ST-ZIP 500 NEW YORK AVE. # 35
DUNEDIN, FL. 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

David J. Griffith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

727 738 8396

Daytime Phone #

CR2E034 (9/99)