

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06872

1. Entity Name

GROFF CONSTRUCTION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90057 035 ***150.00

Principal Place of Business

% MICHAEL J GROFF
6772 WILLOW LAKE CIRCLE
FT MYERS FL 33912
US

Mailing Address

% MICHAEL J GROFF
PO BOX 6741
FT MYERS FL 33911-6741
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6728 WILLOW LAKE CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT MYERS

City & State

4. FEI Number

65-0136858

Applied For

Not Applicable

Zip

33912

Country

LEE

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROFF, MICHAEL J
6772 WILLOW LAKE CIRCLE
FT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

GROFF MICHAEL J

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

6728 WILLOW LAKE CIRCLE

City

FT MYERS

FL

Zip Code

33912

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

Michael J. Groff

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, 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 **D** GROFF, MICHAEL J.
STREET ADDRESS **6772 WILLOW LAKE CIRCLE**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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

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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:

Michael J. Groff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-28-00

Daytime Phone #

941-931-0001

CR21 014 01/01/01