

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # L44449**1. Entity Name
GRIFFIN FORD, INC.**Principal Place of Business**

509 E NASA BLVD

MELBOURNE

32901

FL

US

Mailing Address

509 E NASA BLVD

MELBOURNE

32901

FL

US

2. Principal Place of Business

509 E NASA BLVD

3. Mailing Address

509 E NASA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE

FL

City & State

MELBOURNE

FL

Zip

329011943

Country

US

Zip

329011943

Country

US

4. FEI Number

59-2991482

Applied For

Not Applicable

5. Certificate of Status Desired☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

DEARDOFF, R. BRUCE

509 E NASA BLVD

MELBOURNE

32901

FL

US

7. Name and Address of New Registered Agent**Name**

DEARDOFF R BRUCE

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

509 E NASA BLVD

City
MELBOURNE

FL

Zip Code
329011943

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 **R B DEARDOFF**

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

(NOTE: Registered Agent signature required when reinstating)

01/09/2001

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	ST	<input type="checkbox"/> Delete
NAME	CHENEY E. RENEE	
STREET ADDRESS	1850 E MERRITT ISLAND CSWAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEARDOFF, R. BRUCE	
STREET ADDRESS	509 E NASA BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENEY E. RENEE	
STREET ADDRESS	509 E NASA BLVD	
CITY-ST-ZIP	MELBOURNE FL 329011943	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDOFF R BRUCE	
STREET ADDRESS	509 E NASA BLVD	
CITY-ST-ZIP	MELBOURNE FL 329011943	
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		
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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: R B DEARDOFF

P

01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)