

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 268484

1. Entity Name  
FRED GRIFFIN CONSTRUCTION, INC.

FILED

00 JUL 24 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

Principal Place of Business Mailing Address  
209 1/2 SE 5th Avenue  
Delray Beach, FL 33483

W-17561

2. Principal Place of Business  
209 1/2 SE 5th Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

City & State  
Delray Beach, FL

City & State

Zip Country  
33483 USA

Zip Country

**REINSTATEMENT**

98-100

4. FEI Number  
65-0191522

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

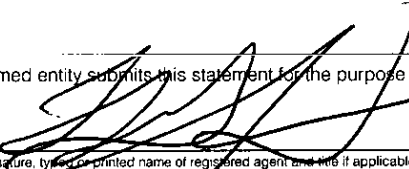
## 6. Name and Address of Current Registered Agent

Fred L. Griffin  
305 S. Swinton, Avenue  
Delray Beach, FL 33444

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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  6/9/00  
Signature, typed or printed name of registered agent and fee 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 President  
STREET ADDRESS Fred L. Griffin  
CITY-ST-ZIP 305 S. Swinton Ave., Delray

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

KE

CR2E034 (9/99)