

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000016667

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** GRIFFIN, JOSEPH, & LATTIMORE, INC.

**Current Principal Place of Business:**

P O BOX 46613  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 46613  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 59-3630031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORAN THOMAS CPA  
3421 W ST CONRAD STREET STE B  
TAMPA, FL 33607

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GRIFFIN, GINA  
Address: 5100 BURCHETTE ROAD UNIT 2503  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: JOSEPH, ADRIAN  
Address: 4211 GREEN STREET  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: LATTIMORE, OCEA  
Address: 1771 HAWTHORNE CT  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ADRIANE Y. JOSEPH

D

05/01/2002

Electronic Signature of Signing Officer or Director

Date