

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90079 038 ***150.00

DOCUMENT # P00000053352

1. Entity Name

GRIFFITH REAL ESTATE APPRAISAL SERVICES, INC.

Principal Place of Business

**333 N. FALKENBERG ROAD
 SUITE A-117
 TAMPA FL 33619**

Mailing Address

**1303 RUSTLEWOOD DR
 BRANDON FL 33510**

2. Principal Place of Business

333 N. Falkenberg Rd

3. Mailing Address

1303 Rustlewood Dr

Suite, Apt. #, etc.

A-117

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Brandon FL

Zip

33619

Country

USA

Zip

33510

Country

USA

4. FEI Number

59-3658576

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIFFITH, SHARON
 1303 RUSTLEWOOD DR
 BRANDON FL 33351-0**

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

Sharon Griffith

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, 2002 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 **PD** ☐ Delete
 NAME **GRIFFITH, SHARON D**
 STREET ADDRESS **1303 RUSTLEWOOD DRIVE**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **STD** ☐ Delete
 NAME **GRIFFITH, WILLIAM R**
 STREET ADDRESS **1303 RUSTLEWOOD DRIVE**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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

TITLE ☐ Change ☐ Addition
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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

Sharon Griffith **SHARON GRIFFITH** **Sharon Griffith** 1/6/02 813-655-0509

Date

Daytime Phone #

CR2E034 (9/01)