

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **0000117832**

1. Entity Name

GRIFFIN HEAVY EQUIPMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 13 PM 1:39

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4230 Highway 77

3. Mailing Address

4230 Highway 77

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chipley, Florida

City & State

Chipley, Florida

4. FEI Number

59-3697553

Applied For

Not Applicable

Zip

32428

Country

Zip

32428

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

800024962408
11/24/03--01027--005 **61.25

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

James L. Griffin

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

4230 Highway 77

City

Chipley,

FL

Zip Code
32428

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

JAMES L. GRIFFIN

November 3, 2003

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P/S/D James L. Griffin 4230 Highway 77 Chipley, Florida 32428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Dis, Griffin Travis Griffin 3820 Cavilier Drive Chipley, Florida 32428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like or powers.

SIGNATURE: **JAMES L. GRIFFIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 3, 2003 (850)773-2639

Date

Daytime Phone #

CR2E034B (12/01)