

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90977 001 \*\*\*150.00

DOCUMENT # P01000030988

1. Entity Name

COUNTERKRAFT SOLID SURFACES, INC.



**DO NOT WRITE IN THIS SPACE**

11021850

2. Principal Place of Business

406 HAWK ST

3. Mailing Address

5060 SOMERVILLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT E & F

City & State  
ROCKLEDGE, FL

City & State  
ROCKLEDGE, FL

4. FEI Number

59-3710667

Applied For

Not Applicable

Zip

32955

Country

BREVARD

Zip

32955

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LARRY W. GRIFFIN JR.

Street Address (P.O. Box Number is Not Acceptable)  
5060 SOMERVILLE DR.

City ROCKLEDGE

FL

Zip Code 32955

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LARRY W. GRIFFIN JR.  
STREET ADDRESS 5060 SOMERVILLE DR.  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME TRACY T. GRIFFIN  
STREET ADDRESS 5060 SOMERVILLE DR.  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03

Date

Daytime Phone #

CR2E034B (12/02)