

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90472 028 \*\*\*150.00

**DOCUMENT # P01000039501**

1. Entity Name  
**GIFFIN CONSTRUCTION, INC.**



Principal Place of Business  
**390 E COWBOY WAY**  
**LABELLE FL**

Mailing Address  
**390 E COWBOY WAY**  
**LABELLE FL**



2. Principal Place of Business

**390 E CowBoy Way**

Suite, Apt. #, etc.

City & State  
**Labelle Fla**

Zip  
**33935**

Country  
**USA**

3. Mailing Address

**390 E CowBoy way**

Suite, Apt. #, etc.

City & State

**Labelle Fla**

Zip  
**33935**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1693610**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIFFIN, MICHAEL C**  
**390 E COWBOY WAY**  
**LABELLE FL**

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME	DP GIFFIN, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	390 E COWBOY WAY LABELLE FL	
TITLE NAME	V GIFFIN, JOSHUA	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	390 E COWBOY WAY LABELLE FL 33935	
TITLE NAME	D VINCENT, ROSS	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	390 E COWBOY WAY LABELLE FL 33935	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-9-03 863 675-8314**

CR2E034 (10/02)