

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000100880**

1. Entity Name
GRIGGS ENTERPRISES, INC.



Principal Place of Business
**158 ROY LANE
PANAMA CITY FL 32409**

Mailing Address
**158 ROY LANE
PANAMA CITY FL 32409**

2. Principal Place of Business

3. Mailing Address

DEPARTMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3750968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIGGS, JAMES F
158 ROY LANE
PANAMA CITY FL 32409**

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE PD
NAME GRIGGS, JAMES F
STREET ADDRESS 158 ROY LANE
CITY-ST-ZIP PANAMA CITY FL 32409**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE STD
NAME GRIGGS, CYNTHIA M
STREET ADDRESS 158 ROY LANE
CITY-ST-ZIP PANAMA CITY FL 32409**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
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CITY-ST-ZIP**

Delete

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Delete

**TITLE
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CITY-ST-ZIP**

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James F. Griggs

11/2/03

850 265-8352

Date

Daytime Phone #



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)