


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

DOCUMENT # P02000031 *5874* ✓ 

1. Entity Name
B GRIFFITH ROOFING INC

DO NOT WRITE IN THIS SPACE

55047027

2. Principal Place of Business
15816 2nd St E

3. Mailing Address
PO BOX 8893

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: **Petersburg FL** City & State: **St Petersburg FL** 4. FEI Number: **01 063 9030** Applied For: Not Applicable:

Zip: **33708** Country: **USA** Zip: **33738** Country: **USA** 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name: **Brent S. Griffith**
 Street: **15816 2nd St E Road**
Piedington Bch, FL 33708

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: **SAME REGISTERED AGENT** DATE: _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$350.00
 Amended UBR is \$81.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRENT S GRIFFITH 15816 2nd St E ST PETERSBURG FL 33708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRENT S GRIFFITH IS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALL OFFICERS +	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS AT THIS TIME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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)(f), 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]* DATE: **5/13/03 (727) 3193408**

CR2E0348 (12/02)