

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90279 029 ***550.00

DOCUMENT # P02000077262

1. Entity Name
GRYPHON MCKENSIE INC.



Principal Place of Business
700 COUNTRY CLUB DRIVE
LARGO FL 33771

Mailing Address
700 COUNTRY CLUB DRIVE
LARGO FL 33771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2286050

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, MICHAEL
700 COUNTRY CLUB DRIVE
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

MATTHEW JONES

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

700 COUNTRY CLUB DRIVE

City

LARGO

FL

Zip Code

33771

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **PRESIDENT (P)** ☒ Delete
NAME **MICHAEL JONES**
STREET ADDRESS **700 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT (P/S)** ☐ Change ☒ Addition
NAME **MATTHEW JONES**
STREET ADDRESS **700 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LARGO, FL, 33771**

TITLE **VICE PRESIDENT (V)** ☒ Change ☐ Addition
NAME **MICHAEL JONES**
STREET ADDRESS **700 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LARGO, FL, 33771**

TITLE **VICE PRESIDENT (V)** ☐ Change ☒ Addition
NAME **SAMUEL JONES**
STREET ADDRESS **700 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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

7/30/03
Date

727 686 0343
Daytime Phone #

CR2E034 (4/03)