2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

PΩ DOCUMENT

1. Entity Name

GRIFFIN PAINTING, INC.



FILED Mar 31, 2003 8:00 am **Secretary of State**

03-31-2003 90120 035 ***150.00

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Principal Place of Business 1252 COLLEGE PARKWAY D **GULF BREEZE FL 32563**

Mailing Address 1252 COLLEGE PARKWAY D **GULF BREEZE FL 32563**

Mailing Address

2. Principal Place of Business
2005 Symbown Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES FEI Number City & State Applied For City & State Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFIN, JASON R Street Address (P.O. Box Number is Not Acceptable) 1252 COLLEGE PARKWAY D **GULF BREEZE FL 32563** City 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 agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition Delete TITLE GRIFFIN, JASON R NAME NAME 2005 Sundown Drive 1252 COLLEGE PARKWAY D STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32563** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete GRIFFIN, TRAVIS M NAME NAME 1252 COLLEGE PARKWAY D STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32563** CITY-ST-ZIP CITY-ST-76 Change TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 chapted or on an attachment with an affiress with all other like or the production. changed, or on an attachment with an-

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF

☐ Delete

Change

■ Addition