

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90227 016 \*\*\*150.00

**DOCUMENT # P92000012219**

1. Entity Name

**GRIGGS INDUSTRIES, INC.**

Principal Place of Business

14331 SW DIVOT DR  
 INDIANTOWN FL 34956  
 US

Mailing Address

14331 SW DIVOT DR  
 INDIANTOWN FL 34956  
 US

2. Principal Place of Business

**15350 SW OAK ST**

3. Mailing Address

**15350 SW OAK ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**INDIANTOWN, FL**

City & State

**INDIANTOWN, FL**

4. FEI Number

**59-3161129**

Applied For

Not Applicable

Zip

**34956**

Country

**US**

Zip

**34956**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GRIGGS, LONNY L**  
**14331 SW DIVOT DR**  
**INDIANTOWN FL 34956**

7. Name and Address of New Registered Agent

Name **(SAME)**

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

**15350 SW OAK ST**

City **INDIANTOWN**

**FL**

Zip Code

**34956**

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.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-01**

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GRIGGS, LONNY L	
STREET ADDRESS	<del>14331 SW DIVOT DR</del>	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GRIGGS, BILLIE J	
STREET ADDRESS	<del>14331 SW DIVOT DR</del>	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>15350 SW OAK ST</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>15350 SW OAK ST</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **Pres.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-28-01 561/597-4232**

Daytime Phone #

CR2E034 (10/00)