

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90135 047 ***158.75

DOCUMENT # P93000059061

1. Entity Name

R.F. GRIDLEY CO.

Principal Place of Business

**17353 CASTILE RD
FT MYERS FL 33912**

Mailing Address

**17353 CASTILE RD
FT MYERS FL 33912**

2. Principal Place of Business

8720 ALICO RD

3. Mailing Address

8720 ALICO RD

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33912

Country

LEE

Zip

33912

Country

LEE

4. FEI Number

65-0439876

Applied For

Not Applicable

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

**SHENKO, WILLIAM E JR.
6100 ESTERO BLVD.
FT. MYERS BEACH FL 33931**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **GRIDLEY, DOROTHY**
STREET ADDRESS **15490 COPRA LN**
CITY-ST-ZIP **FT MYERS FL**

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

TITLE **PD** ☐ Delete
NAME **GRIDLEY, ROGER F.**
STREET ADDRESS **17353 CASTILE RD.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15630 THISTLE DEW CT.**
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

941-367-0309

Daytime Phone #

CR2E034 (10/00)