

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080699

1. Entity Name

GRIFFITH ELECTRICAL CONSULTING INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90077 036 \*\*\*150.00

Principal Place of Business

Mailing Address

% RICHARD D. GRIFFITH  
10909 TYSON RD  
ORLANDO FL 32832

% RICHARD D. GRIFFITH  
10909 TYSON RD  
ORLANDO FL 32832-6101

2. Principal Place of Business

10367 TYSON Rd

3. Mailing Address

10367 TYSON Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3212326

Applied For

Not Applicable

Zip

32832

Country

ORANGE

Zip

32832

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, RICHARD D  
10909 TYSON RD  
ORLANDO FL 32832

7. Name and Address of New Registered Agent

Name: GRIFFITH, RICHARD D.

Street Address (P.O. Box Number is Not Acceptable)  
10367 TYSON Road

City: ORLANDO FL Zip Code: 32832

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 \_\_\_\_\_ (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, 2000 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: D  
NAME: GRIFFITH ELIZBETH A  
STREET ADDRESS: 10909 TYSON RD  
CITY-ST-ZIP: ORLANDO FL ☒ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D  
NAME: GRIFFITH ELIZABETH A  
STREET ADDRESS: 10367 TYSON RD  
CITY-ST-ZIP: ORLANDO, FL ☒ Change ☐ Addition

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

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

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

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

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 APR 00 407-380-6866  
Date Daytime Phone #

CR2E034 (9/99)