

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90517 007 \*\*\*150.00

**DOCUMENT # P95000014935**

1. Entity Name  
**GRYPHUS FINANCIAL SERVICES, INC.**



Principal Place of Business  
**1924 S OSPREY AV  
SUITE 200  
SARASOTA FL 34239  
US**

Mailing Address  
**P. O. BOX 1329  
SARASOTA FL 34230  
US**

**11017829**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0557704**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**MCGINNESS, W LEE  
1800 SECOND STREET  
SUITE 971  
SARASOTA FL 34236**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, WILLIAM D</b>	
STREET ADDRESS	<b>1924 S OSPREY AV SUITE 200</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>SALSER, RANDAL D</b>	
STREET ADDRESS	<b>1924 S OSPREY AV STE 200</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SHARP, RUSSELL</b>	
STREET ADDRESS	<b>1924 S OSPREY AV STE 200</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Randy Salser* **REQ Randal D. Salser**

**941-316-6803**

CR2E034 (10/02)