2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 12, 2001 8:00 am Secretary of State DOCUMENT # **P95000028193** J. GRIFFIN DEVELOPMENT, INC. 01-12-2001 90039 012 ***150.00 Principal Place of Eusiness Mailing Address 4509 SE ROCKY POINT WAY 4599 SE ROCKY POINT WAY STUART FL 34997 STUART FL 34997 . . . UUUUU4 (33 2. Principal Place of Business 3. Mailing Address 1321 S.E. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0576205 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA US/}-Fee Required **1845**/8 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES GRIPFIX -GRIFFIN, JAMES Street Address (P.O. Box Number is Not Acceptable) 4599 SE ROCKY POINT WAY STUART FL 34997 Riverside 1321 SE 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 (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition PD ☐ Delete TITLE TITLE 1321 S.F. Riverside DR Stuppl, PL 34996 NAME GRIFFIN, JAMES NAME STREET ADDRESS STREET ADDRESS 4599-SE ROCKY POINT WAY **---** PXE4: CITY-ST-ZIP CITY-ST-ZIP STUART FL-34997 TITLE ☐ Addition ☐ Delete SD TITLE NAME NAME GRIFFIN, SHARON 1331 S.E. RIVERSIDA DA Stuard, PL 34991 STREET ADDRESS STREET ADDRESS 4599-S.E ROCKY PT WAY. CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE -TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: