

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90109 049 ***150.00

DOCUMENT # P96000036500

1. Entity Name

GRIFFIN AUTO ART, INC.

Principal Place of Business

2042 N. FORSYTH RD.

G

ORLANDO FL 32807

US

Mailing Address

2042 N. FORSYTH RD.

G

ORLANDO FL 32807

US

2. Principal Place of Business

1005 VANESSA DR.

Suite, Apt. #, etc.

3. Mailing Address

1005 VANESSA DR.

Suite, Apt. #, etc.

City & State

OVEDO, FL.

City & State

OVEDO, FL.

Zip

32765

Country

USA

Zip

32765

Country

USA

4. FEI Number

59-3376379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, DENNIS J

16731 SE 181ST TERR

WEIRSDALE FL 32195

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-25-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFIN, DENNIS J.	
STREET ADDRESS	16731 SE 181ST TERR	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRIFFIN, SCOTT T.	
STREET ADDRESS	16731 SE 181ST TERR	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRIFFIN, FRANCES E.	
STREET ADDRESS	16731 SE 181ST TERR	
CITY-ST-ZIP	WEIRSDALE FL 32195	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1005 VANESSA DR.	
CITY-ST-ZIP	OVEDO, FL. 32765	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

352-867-7599

Daytime Phone #

CR2E034 (10/00)