

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038026

1. Entity Name
GRIFFIS & GRIFFIS, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90147 019 ***150.00

Principal Place of Business Mailing Address
ROUTE 6 BOX 1985 **ROUTE 6 BOX 1985**
STARKE FL 32091 **STARKE FL 32091**
US **US**

2. Principal Place of Business 3. Mailing Address
RT 6 Box 1985 *RT 6 Box 1985*

Suite, Apt. #, etc. Suite, Apt. #, etc.
Starke Fl *Starke Fl*

City & State City & State
32091

Zip Country Zip Country
Bradford *32091* *Bradford*

6. Name and Address of Current Registered Agent
SIKES, DANIEL
407 W GEORGIA ST
STARKE FL 32091



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3383567** Applied For
Not Applicable

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

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 _____ (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. ☐ **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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRIFFIS, RODNEY			NAME			
STREET ADDRESS	RT 3, BOX 1985			STREET ADDRESS			
CITY-ST-ZIP	STARKE FL 32091			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRIFFIS, MARY H			NAME			
STREET ADDRESS	RT 6, BOX 1985			STREET ADDRESS			
CITY-ST-ZIP	STARKE FL 32091			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRIFFIS, MERRILL			NAME			
STREET ADDRESS	RT. 6 BOX 1985			STREET ADDRESS			
CITY-ST-ZIP	STARKE FL 32091			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Mary Helen Griffis* **904-964-6767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *4/20/01* Daytime Phone #

CR2E034 (10/00)