

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90037 025 \*\*\*150.00

**DOCUMENT # P96000070905**

1. Entity Name

**SURON ENTERPRISES, INC.**

Principal Place of Business

**2850 WINNERS CIRCLE  
JACKSONVILLE FL 32250**

Mailing Address

**2850 WINNERS CIRCLE  
JACKSONVILLE FL 32250**

2. Principal Place of Business

**2070 KNOTTINGHAM PL  
Suite, Apt. #, etc.**

3. Mailing Address

**2070 KNOTTINGHAM PL  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State  
**MIDDLEBURGH FL**

City & State  
**MIDDLEBURGH**

4. FEI Number **59-3397508**

Applied For  
Not Applicable

Zip  
**32068**

Country  
**CLAY**

Zip  
**32068**

Country  
**CLAY**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN, GORDON L  
2850 WINNERS CIRCLE  
JACKSONVILLE FL 32250**

7. Name and Address of New Registered Agent

Name **GRIFFIN, GORDON L**  
Street Address (P.O. Box Number is Not Acceptable)  
**2070 KNOTTINGHAM PLACE  
MIDDLEBURGH FL 32068**

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)

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 **PD** ☐ Delete  
NAME **GRIFFIN, GORDON L**  
STREET ADDRESS **2850 WINNERS CIRCLE**  
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **VSTD** ☐ Delete  
NAME **GRIFFIN, SUZANNE**  
STREET ADDRESS **2850 WINNERS CIRCLE**  
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **GRIFFIN, GORDON L**  
STREET ADDRESS **2070 KNOTTINGHAM PLACE**  
CITY-ST-ZIP **MIDDLEBURGH FL 32068**

TITLE **VSTD** ☒ Change ☐ Addition  
NAME **GRIFFIN, SUZANNE**  
STREET ADDRESS **2070 KNOTTINGHAM PLACE**  
CITY-ST-ZIP **MIDDLEBURGH FL 32068**

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

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

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

TITLE ☐ Change ☐ 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:

**Gordon L. Griffin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/01 904 613 1330**  
Date Daytime Phone #

CR2E034 (10/00)