

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90144 007 \*\*\*150.00

**DOCUMENT # P97000028186**

1. Entity Name  
**CORDELE PECAN HOUSE, INC.**



Principal Place of Business  
**1221 EAST 8TH AVE  
CORDELE GA 31015**

Mailing Address  
**4211 US HWY 1 SOUTH  
PMB 211  
ST. AUGUSTINE FL 32086**

2. Principal Place of Business  
  
Suite, Apt. #, etc.

3. Mailing Address  
**3808 Magnolia Pt. Ln**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**St. Augustine, FL**

4. FEI Number  
**59-3443574**

Applied For  
Not Applicable

Zip Country

Zip Country  
**32086 US**

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

## 6. Name and Address of Current Registered Agent

**GRIFFIN, TERESA D  
4211 US 1 SOUTH PMB 211  
ST. AUGUSTINE FL 32086**

## 7. Name and Address of New Registered Agent

Name **TERESA GRIFFIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**3808 Magnolia Pt. Ln**  
City **St. Augustine** FL Zip Code **32086**

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 **Teresa D. Griffin - TERESA D. Griffin** (NOTE: Registered Agent signature required when reinstating)

**1/16/03**  
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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEAD, DOROTHY L 3808 MAGNOLIA PT LN ST. AUGUSTINE FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HEAD, HARLEY D III 3808 MAGNOLIA PT LANE SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRIFFIN, TERESA D 3808 MAGNOLIA PT LANE SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **TERESA D. GRIFFIN - TERESA D. Griffin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/03** **904-797-5572**  
Date Daytime Phone #

CR2E034 (10/02)