

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000312

1. Entity Name

DARREN M. GRIFFIN ENTERPRISES, INCORPORATED

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90035 017 ***150.00

Principal Place of Business

2544 FIRST AVE
#107
FT MYERS FL 33901

Mailing Address

2544 FIRST AVE
#107
FT MYERS FL 33901

2. Principal Place of Business

2855 BROWNING STREET
Suite, Apt. #, etc.

3. Mailing Address

2855 BROWNING STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL 34237

City & State

SARASOTA, FL 34237

4. FEI Number 65-0878583

Applied For

Not Applicable

Zip
34237

Country
SARASOTA

Zip
34237

Country
SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, DARREN M
2544 FIRST AVE
#107
FT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

2855 BROWNING STREET

City
SARASOTA

FL

Zip Code
34237

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRIFFIN, DARREN M
2544 FIRST AVE-#107
FT MYERS FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GRIFFIN, DARREN M.
2855 BROWNING STREET
SARASOTA, FL 34237 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (10/00)