2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000054686** Mar 14, 2000 8:00 am **Secretary of State** GRIFFIN BROTHERS DEVELOPMENT CO. 03-14-2000 90005 029 ***150.00 Principal Place of Business Mailing Address 15510 N.W. 112 AVE. 15510 N.W. 112 AVE. REDDICK FL 32686-2902 REDDICK FL 32686 DUVJ4444 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3525540 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIFFIN, RICHARD JR. Street Address (P.O. Box Number is Not Acceptable) 15510 N.W. 112 AVE. REDDICK FL 32686 Zip Code FL 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 title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition Change ☐ Delete TITLE TITLE GRIFFIN, RICHARD JR. NAME NAME STREET ADDRESS STREET ADDRESS 15510 N.W. 112 AVE. CITY-ST-ZIP CITY-ST-ZIP REDDICK FL 32686 Change ☐ Addition Delete TITLE TITLE GRIFFIN, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 4935 N.W. 135TH STREET CITY-ST-ZIP CITY-ST-ZIP REDDICK FL 32686 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS 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.

HING OFFICER OR DIRECTOR ES I'dent

SIGNATURE: