2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90285 050 ***150.00

DOCUMENT # P98000103151

1. Entity Name
GRYPHON SPECIALTY SERVICES, INC.

Principal Place of Business	Mailing Address
750 S. NORTH LAKE BLVD., STE. 1020 ALTAMONTE SPRINGS FL 32701	750 S. NORTH LAKE BLVD., STE. 1020 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
283 N. NORTH LAKE BLVD.	SAME
Suite, Apt. #, etc. SUITE 111	Suite, Apt. #, etc.
City & State ALTAMONTE SPRINGS, FL	City & State
Zip 32701 / Country SEMINOLE	Zip / Country

4. FEI Number 59-3549655 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EASTON, ROBERT W
1461 FARRINDON CIR
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name TODD D. ABBOTT
Street Address (P.O. Box Number is Not Acceptable) 283 N. NORTH LAKE BLVD. # 111
City ALTAMONTE SPRINGS FL Zip Code 32701

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 TODD D. ABBOTT [signature] 4/20/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D EASTON, ROBERT W 750 S. NORTH LAKE BLVD., STE. 1020 ALTAMONTE SPRINGS FL 32701	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EASTON, URSULA 750 S. NORTH LAKE BLVD., STE. 1020 ALTAMONTE SPRINGS FL 32701	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TODD D. ABBOTT 283 N. NORTH LAKE BLVD. # 111 ALTAMONTE SPRINGS, FL 32701	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHANI J. LUCAS 283 N. NORTH LAKE BLVD. #111 ALTAMONTE SPRINGS, FL 32701	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] TODD D. ABBOTT 4/20/01 407 331-3589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #