2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000105248 Mar 14, 2000 8:00 am **Secretary of State** GRIFFBRIGHT PROPERTIES INC. 03-14-2000 90092 030 ***158.75 Principal Place of Business Mailing Address 5900 JOHNSON ST. 5900 JOHNSON ST. HOLLYWOOD FL 33021 5638 HOLLYWOOD FL 33021-5638 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0883203 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent J. ALBRIGHT ALBRIGHT, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 5900 JOHNSON ST. HOLLYWOOD FL 33021-5638 HoLLYWOOD 3020-1983 8. The above named entity submits this statement for the purpose of changing its shirted office or registered agent, or both, in the State of Florida. required when reinstating) 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 '⊠ (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. □ Addition TITLE TITLE ☐ Delete NAME NAME álbright, Charles J 2648 WILSON ST. STREET ADDRESS STREET ADDRESS 5000 JOHNSON ST. FL 33020--1953 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021-5638 Delete TITLE CSD TITLE NAME NAME GRIFFIE, JEFFERY STREET ADDRESS STREET ADDRESS (5900 JOHNSON ST: HOLLYWOOD FL 33020-1953 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021-5638 ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.