

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046154

1. Entity Name

GRIFFIN HARVESTING AND HAULING INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90137 038 ***150.00

Principal Place of Business

5013 HIGHWAY 60 EAST
 LAKE WALES FL 33859

Mailing Address

POST OFFICE BOX 542
 FROSTPROOF FL 33843-0542

2. Principal Place of Business

5013 State Road 60 E.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2339
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE WALES FL

City & State

LAKE WALES FL

4. FEI Number

59-3594752

Applied For

Not Applicable

Zip

33853

Country

USA

Zip

33859-2339

Country

USA

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, KAREN C
 3830 STATE ROAD 17 SOUTH
 LAKE WALES FL 33859

Name

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

City

FL

Zip Code

33853

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, 2000 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 ☐ Delete
 NAME KAREN C. Griffin
 STREET ADDRESS 3830 STATE Rd. 17 South
 CITY-ST-ZIP LAKE WALES, FL 33853

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

TITLE ☐ Delete
 NAME Tommy M. Griffin
 STREET ADDRESS P.O. Box 2339
 CITY-ST-ZIP LAKE WALES, FL 33859

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

TITLE ☐ Delete
 NAME Eliseo Dorado
 STREET ADDRESS 212 Babson Dr.
 CITY-ST-ZIP BABSON PARK, FL 33827

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)