

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046181

1. Entity Name

GRIFFIN TRANSPORT SERVICES INC.

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

05-08-2000 90012 027 ***150.00

Principal Place of Business

5013 HIGHWAY 60 EAST
LAKE WALES FL 33859

Mailing Address

POST OFFICE BOX 2339
LAKE WALES FL 33859-2339

2. Principal Place of Business

5013 Highway 60 East

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Wales, FL

City & State

4. FEI Number

59-3585650

Applied For

Not Applicable

Zip

Country

Zip

Country

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, TOMMY
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	Pres.	<input type="checkbox"/> Delete
NAME	KAREN C. Griffin	
STREET ADDRESS	P.O. BOX 2339	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Tommy M. Griffin	
STREET ADDRESS	3830 STATE RD. 17 South	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Angela Griffin	
STREET ADDRESS	P.O. BOX 2339	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4/25/00 863-678-9535

CR2E034 (9/99)