

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000052138

1. Entity Name

GRIF ROLLINSON INSTALLATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-07-2000 90047 038 ***150.00

Principal Place of Business

Mailing Address

N.E.
425 NW 28TH DR
FT LAUDERDALE FL 33334

N.E.
425 NW 28TH DR
FT LAUDERDALE FL 33334-2039

2. Principal Place of Business

3. Mailing Address

425 N.E. 28th DR.

425 N.E. 28th DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

house

house

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Zip

33334

Country

Country

U.S.A.

33334

Country

U.S.A.

4. FEI Number

52-2188872

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROLLINSON, GRIF
425 NW 28TH DR
FT LAUDERDALE FL 33334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROLLINSON, GRIF
425 NE 28TH DR
FT. LAUDERDALE, FL 33334 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 or other like empowered.

SIGNATURE:

Grif Rollinson

GRIF ROLLINSON, PRES. 4/19/00 (954) 566-2058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #