

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052801

1. Entity Name

GRIFFIN DESIGN GROUP, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90154 019 ***150.00

Principal Place of Business

Mailing Address

13000 SAWGRASS VILLAGE CIRCLE, SUITE 38
PONTE VEDRA BEACH FL 32082

13000 SAWGRASS VILLAGE CIRCLE, SUITE 38
PONTE VEDRA BEACH FL 32082-5023

* MOVING TO TENNESSEE FINISHING UP JOBS IN FLORIDA

2. Principal Place of Business

P.O. Box 2632

3. Mailing Address

P.O. Box 2632

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PONTE VEDRA Bch., FL.

City & State

PONTE VEDRA Bch., FL.

4. FEI Number

59-3581014

Applied For

Not Applicable

Zip

32004

Country

ST. JOHN

Zip

32004

Country

ST. JOHN

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

PATTERSON, LAWRENCE R
3010 S 3RD ST
JACKSONVILLE BEACH FL 32250

Name

Robert A. Stam

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

125.6th St

City Fernandina Bch. FL

Zip Code

32034

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

Robert A. Stam

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 D
STREET ADDRESS GRIFFIN, DEBORAH R
CITY-ST-ZIP 189 BERMUDA PLACE
JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, the empowered.

SIGNATURE:

Deborah R. Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

615-771-2993

Daytime Phone #

CR2E034 (9/99)