

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053661

1. Entity Name

GRIFFIN ENTERPRISES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90155 016 ***150.00

Principal Place of Business

Mailing Address

1806 56TH STREET SOUTH
GULFPORT FL 33707

1806 56TH STREET SOUTH
GULFPORT FL 33707-4138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

ROUSON, DARRYL E
1806 56TH STREET SOUTH
GULFPORT FL 33707

Name
Sonja Nieratko

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

1806 56th Street South

Gulfport, FL 33707

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 *Sonja Nieratko*
Signature, typed or printed name of registered agent and title if applicable.

(Sonja Nieratko)

(NOTE: Registered Agent signature required when reinstating)

4/10/2000
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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	NIERATKO, SONJA	
STREET ADDRESS	1806 56TH STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NIERATKO, PATRICK N JR	
STREET ADDRESS	1806 56TH STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NIERATKO, TERESA D	
STREET ADDRESS	1806 56TH STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

Sonja Nieratko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Sonja Nieratko)

Date

Daytime Phone #

4/10/2000 381-0184
(727)

CR2E034 (9/99)