

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90384 001 ***150.00

0356930 AV

DOCUMENT # **P99000057680**

1. Entity Name
MELBA J. GRIFFITH, P.A.



Principal Place of Business
**1508 SE 3RD AVE
FORT LAUDERDALE FL 33316**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1508 SE 3d Avenue

City & State

City & State
Fort Lauderdale, FL

Zip Country

Zip Country
33316 USA

4. FEI Number **65-0928092**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFITH, MELBA J
1975 EAST SUNRISE BLVD STE 501
FORT LAUDERDALE FL 33304**

Name **Griffith, Melba J.**
Street Address (P.O. Box Number is Not Acceptable)
1508 S.E. 3rd Avenue
City **Fort Lauderdale** FL Zip Code **33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Melba J. Griffith*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITH, MELBA J	
STREET ADDRESS	1508 SE 3RD AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melba J. Griffith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MELBA GRIFFITH

DATE **4/28/03**
1-6-03

Daytime Phone #

CR2E034 (10/02)