

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065831

1. Entity Name

GRIFFIN SERVICES OF THE EMERALD COAST, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90304 034 ***158.75

Principal Place of Business

614 SLALOM WAY
SANTA ROSA BEACH FL 32459

Mailing Address

610 5TH STREET
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

614 SLALOM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANTA ROSA BEACH, FL.

4. FEI Number 59-3611280

Applied For

Not Applicable

Zip

Country

Zip

Country

32459

WALTON

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, HOWARD MARK
610 5TH STREET
DESTIN FL 32541

Name

HOWARD MARK GRIFFIN

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

614 SLALOM WAY

City

SANTA ROSA BEACH, FL

Zip Code

32459

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 *Howard Mark Griffin* Pres.

3/8/01

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, 2001 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
PTS
GRIFFIN, HOWARD MARK
610 5TH STREET
DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADDRESS
614 SLALOM WAY
SANTA ROSA BEACH, FL. 32459 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Mark Griffin PRESIDENT
MARK GRIFFIN

Date

Daytime Phone #

3/8/01 (850) 830-1500

CR2E034 (10/00)