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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

May 10, 2002 8:00 am g Secretary of State P9900070551 **DOCUMENT #** 1. Entity Name DOUGLAS M. GRIFFIN INC. 05-10-2002 90027 028 ***150.00 Principal Place of Business Mailing Address 36848 TRUDY RD. 36848 TRUDY RD. FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3592855 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIFFIN, DOUGLAS M Street Address (P.O. Box Number is Not Acceptable) 36848 TRUDY RD. FRUITLAND PARK FL 34731 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002. Fee will be \$550.00 = Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Addition GRIFFIN. DOUGLAS M NAME NAME **36848 TRUDY RD** STREET ADDRESS STREET ADDRESS FRUITLAND PARK FL 34731 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE: ☐ Delete TITLE ☐ Change ☐ Addition NAME' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-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: SIGNING OFFICER OR DIRECTOR