

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90855 038 \*\*\*150.00

**DOCUMENT # P99000072185**

1. Entity Name

**HENRY GRIFFIN DRYWALL, INC.**

Principal Place of Business

**99 WATERTRACK  
 Ocala FL 34472**

Mailing Address

**99 WATERTRACK  
 Ocala FL 34472**

2. Principal Place of Business

**12420 SE 88th Court**

Suite, Apt. #, etc.

3. Mailing Address

**12420 SE 88th Court**

Suite, Apt. #, etc.

City & State

**Belleview, FL**

City & State

**Belleview, FL**

4. FEI Number

**59-3594551**

Applied For

Not Applicable

Zip

Country

**34420 USA**

Zip

Country

**34420 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN, HENRY**

**99 WATERTRACK**

**Ocala FL 34472**

7. Name and Address of New Registered Agent

Name **Henry Griffin**

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

**12420 SE 88th Court**

City

**Belleview**

**FL**

Zip Code

**34420**

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

*Henry Griffin*

**Henry Griffin - President**

**4/27/02**

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, 2002 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 **DP** ☒ Delete  
 NAME **GRIFFIN, HENRY**  
 STREET ADDRESS **99 WATERTRACK**  
 CITY-ST-ZIP **Ocala FL 34472**

TITLE **DT** ☒ Delete  
 NAME **GRIFFIN, LISA**  
 STREET ADDRESS **99 WATERTRACK**  
 CITY-ST-ZIP **Ocala FL 34472**

TITLE **V** ☒ Delete  
 NAME **DAUGHTERY, HARRY**  
 STREET ADDRESS **99 WATER TRACK**  
 CITY-ST-ZIP **Ocala FL 34472**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
 NAME **Griffin, Henry**  
 STREET ADDRESS **12420 SE 88th Court**  
 CITY-ST-ZIP **Belleview, FL 34420**

TITLE **D/T** ☒ Change ☐ Addition  
 NAME **Griffin, Lisa**  
 STREET ADDRESS **12420 SE 88th Court**  
 CITY-ST-ZIP **Belleview, FL 34420**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Donald Bricker**  
 STREET ADDRESS **12420 SE 88th Court**  
 CITY-ST-ZIP **Belleview, FL 34420**

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

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

TITLE ☐ Change ☐ 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:

*Lisa Griffin* **Lisa Griffin - Director**

**4/27/02**

**352-239-2299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)