

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90368 026 ***150.00

DOCUMENT # P99000107751

1. Entity Name
GF ASSOCIATES, INC.

Principal Place of Business
4601 S. ATLANTIC AVE., STE. 608
PONCE INLET FL 32127

Mailing Address
P.O. BOX 292011
PORT ORANGE FL 32129

000040

2. Principal Place of Business

4767 S. ATLANTIC AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 504

Suite, Apt. #, etc.

City & State

PONCE INLET FLA

City & State

Zip

32127

Country

USA

Zip

Country

4. FEI Number **59-3613105**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFITHS, LLOYD P
4767 4601 S. ATLANTIC AVE., STE. 608 504
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

Name

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

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

Lloyd P. Griffiths

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

TITLE **D** ☐ Delete
NAME **4767 GRIFFITHS, LLOYD P**
STREET ADDRESS **4601 S. ATLANTIC AVE., STE. 608 504**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Lloyd P. Griffiths

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

704 322-1176

Daytime Phone #

CR2E034 (10/00)

0452288