

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90069 018 ***150.00

DOCUMENT # P99000108029

1. Entity Name
GRIFFIN DIRECTORIES, INC.

Principal Place of Business
PO BOX 1314
INDIAN ROCKS BEACH FL 33785

Mailing Address
P.O. BOX 1314
INDIAN ROCKS BEACH FL 33785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3615986**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

RASK, THOMAS
314 WINDRUSH BLVD #13
INDIAN ROCKS BEACH FL 33785

Name **Rebecca Griffen**
 Street Address (P.O. Box Number is Not Acceptable) **375 LA HACIENDA DR.**
 City **IndianRocks Bch FL** Zip Code **33785**

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 **Rebecca Griffen, President**

DATE **1/22/02**

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **GRIFFIN, ROBERT**
 STREET ADDRESS **314 WINDRUSH BLVD #13**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE **V** Change Addition
 NAME **Griffin, Robert**
 STREET ADDRESS **375 LA HACIENDA DRIVE**
 CITY-ST-ZIP **Indian Rocks Bch FL 33785**

TITLE **V** Delete
 NAME **RASH, THOMAS**
 STREET ADDRESS **9784 INDIAN TRAIL KEY**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **EMNETT, REBECCA**
 STREET ADDRESS **314 WINDRUSH BLVD #13**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Change Addition
 NAME **Griffin Rebecca**
 STREET ADDRESS **375 LA HACIENDA DRIVE**
 CITY-ST-ZIP **INDIAN ROCKS Bch, FL 33785**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: **Rebecca Griffen**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/22/02** DAYTIME PHONE # **727-57-3131**

CR2E034 (9/01)