

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000108953**

1. Entity Name

**GRIDLEY CONSTRUCTION COMPANY****FILED****Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90087 035 \*\*\*150.00

Principal Place of Business

**881 3RD ST SOUTH  
NAPLES FL 34102**

Mailing Address

**881 3RD ST SOUTH  
NAPLES FL 34102**

2. Principal Place of Business

**5974 Taylor Rd.**

3. Mailing Address

**5974 Taylor Rd.**

Suite, Apt. #, etc.

**Suite # 5**

Suite, Apt. #, etc.

**Suite # 5**

City &amp; State

**Naples, FL**

City &amp; State

**Naples, FL**

4. FEI Number

**59-3618597**

Applied For

Not Applicable

Zip

**34109**

Country

**Collier**

Zip

**34109**

Country

**Collier**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

**GRIDLEY, THOMAS  
881 3RD ST SOUTH  
NAPLES FL 34102**

Name

**GRIDLEY, THOMAS S.**

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

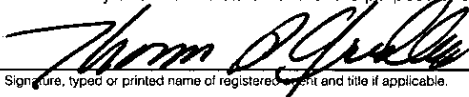
**5148 Napoli Dr.**

City

**Naples,****FL**Zip Code  
**34103**

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

 **(PRES)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/18/01**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRIDLEY, THOMAS</b>	
STREET ADDRESS	<b>881 3RD ST SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GRIDLEY, CARRIE</b>	
STREET ADDRESS	<b>881 3RD ST SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIDLEY, THOMAS S.</b>	
STREET ADDRESS	<b>5148 Napoli Dr.</b>	
CITY-ST-ZIP	<b>Naples, FL 34103</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIDLEY, CARRIE L.</b>	
STREET ADDRESS	<b>5148 Napoli Dr.</b>	
CITY-ST-ZIP	<b>Naples, FL 34103</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

 **(PRES)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/18/01**

Date

**941 546-1616**

Daytime Phone #

CR2E034 (10/00)