

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90166 041 ***150.00

DOCUMENT # V35659

1. Entity Name

**CERTIFIED BACKFLOW PREVENTION, TESTING & REPAIR,
INC.**



Principal Place of Business
**211 CLAUDE BRANDON RD.
ALACHUA FL 32615**

Mailing Address
**P.O. BOX 40
ALACHUA FL 32616
US**

2. Principal Place of Business

14405 Peggy Road

Suite, Apt. #, etc.

Alachua, FL 32615

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3410409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRIFFIS, STANLEY H JR
14405 PEGGY ROAD
ALACHUA FL 32616**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code
32615

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
GRIFFIS, STANLEY H. JR.
14405 PEGGY ROAD
ALACHUA FL 32616**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

32615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
GRIFFIS, CONSTANCE W
14405 PEGGY ROAD
ALACHUA FL 32616**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**GRIFFIS, CONSTANCE W.
32615**

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 462 2845

Date

Daytime Phone #

CR2E034 (10/02)