

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
Feb 17, 2003 8:00 am  
Secretary of State

01-17-2003 90118 046 \*\*\*150.00

**DOCUMENT # H55419**

1. Entity Name  
**BUD'S LAND WORK, INC.**



Principal Place of Business  
39414 C.R. 439  
UMATILLA FL 32784

Mailing Address  
39414 C.R. 439  
UMATILLA FL 32784



2. Principal Place of Business  
**36521 Mill CREEK Rd.**

3. Mailing Address  
**PO Box 1442**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Eustis FL**

City & State  
**Mount Dora FL**

Zip  
**32736**

Country  
**USA**

Zip  
**32756**

Country  
**USA**

4. FEI Number  
**59-2539830**

Applied For  
 Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRANTHAM, ROBERT O., JR.**  
39414 C R 439  
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name  
**Robert O. Grantham Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**36521 Mill CREEK Rd. Eustis, FL 32736**

**PO Box 1442**

City  
**Mount Dora**

FL Zip Code  
**32756**

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 **Robert O. Grantham** DATE **1/13/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRANTHAM, ROBERT O., JR. 39414 C R 439 UMATILLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GRANTHAM, SHIRLEY L. 39414 CR 439 UMATILLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Robert O. GRANTHAM, Jr. PO Box 1442 Mount Dora, FL, 32756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Shirley L. GRANTHAM PO Box 1442 Mount Dora, FL, 32756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 like empowerments.

SIGNATURE: **Robert O. Grantham** DATE **1/13/03** 352-483-2224

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/02)