

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

1/1

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.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1442
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Eustis FL
Zip
32736 Country
USA

City & State
Mount Dora FL
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
P.O. 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 Jr.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/03
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

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. P.O. 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 P.O. 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 **352-483-2224**
Date Daytime Phone #

CR2E034 (10/02)