FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J30692

1. Entity Name
BANBURY INVESTMENTS, INC.

FILED
04 MAR -4 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 2023
Suite, Apt. #, etc. 7444 BOTANICA PARKWAY	Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State ASHLAND, KY
Zip 34238 / Country SARASOTA	Zip 41105-2023 / Country BOYD

400029887524
DO NOT WRITE IN THIS SPACE
08-04-03 90138 042 $558.75 - $158.75

4. FEI Number 59-2745515 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name JANET R. GRIFFITHS
Street Address (P.O. Box Number is Not Acceptable)
7444 BOTANICA PARKWAY
City SARASOTA FL Zip Code 43238

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT MORRIS L. GRIFFITHS P.O. BOX 2023 ASHLAND, KY 41105-2023	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Morris L. Griffiths 1/30/04 (606) 739-5139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR