FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91785 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J38326

1. Entity Name
GRAINGER FARMS, INC.

11041629

Principal Place of Business	Mailing Address
41850 PARKS RD MYAKKA, FL 34251 US	P O BOX 20938 BRADENTON, FL 34204 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2728447 — Applied For / Not Applicable

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
GRAINGER, JAMES 10009 CLUBHOUSE DR. BRADENTON, FL 34202	Name: Street Address (P.O. Box Number Is Not Acceptable): City: FL Zip Code:

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: James A Grainger Jr — 4-30-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	DP	☑ Change ☐ Addition
NAME	GRAINGER, JAMES		NAME	Grainger, James	
STREET ADDRESS	1009 CLUBHOUSE DR.		STREET ADDRESS	10009 Clubhouse Dr.	
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	SDT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRAINGER, DEBE		NAME		
STREET ADDRESS	10009 CLUBHOUSE DR.		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 like empowered.

SIGNATURE: [signature] — 4-30-03 — 941 753-6093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #