

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000069703**1. Entity Name
GRANDPA'S CRAFTERS MALL, INC.**Principal Place of Business**

4241 ALAMANDA BLVD

LAKE WALES
33853

FL

Mailing Address

4241 ALAMANDA BLVD

LAKE WALES
33853

FL

2. Principal Place of Business

4244 JACARANDA DR.

3. Mailing Address

4244 JACARANDA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WALES

FL

City & State

LAKE WALES

FL

Zip

33853

Country

Zip

33853

Country

4. FEI Number**59-3337764**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****HORNE KERMIT R**
4241 ALAMANADABLVDLAKE WALES
33853

FL

7. Name and Address of New Registered Agent

Name

HORNE KERMIT RStreet Address (P.O. Box Number is Not Acceptable)
4244 JACARANDA DR.City
LAKE WALES**FL**Zip Code
33853

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.

SIGNATURE **KERMIT R. HORNE****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **STD** ☐ Delete
NAME **HORNE ANNIE**
STREET ADDRESS **4241 ALAMANDA BLVD**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE **PD** ☐ Delete
NAME **HORNE KERMIT R**
STREET ADDRESS **4241 ALAMANDA BLVD**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **STD** ☒ Change ☐ Addition
NAME **HORNE ANNIE L**
STREET ADDRESS **4244 JACARANDA DR**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE **PD** ☒ Change ☐ Addition
NAME **HORNE KERMIT R**
STREET ADDRESS **4244 JACARANDA DR.**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIE L. HORNE**STD****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)