

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000017863****1. Entity Name**  
**GRAINS OF OLDE, INC.****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90032 010 \*\*\*150.00

**Principal Place of Business****Mailing Address****2532 UNIVERSITY TY DR**  
**CORAL SPRINGS FL 33065****2532 UNIVERSITY TY DR**  
**CORAL SPRINGS FL 33065****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number 65-0817089**

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****HUGHES, MAUREEN**  
**9400 NW 39TH CT**  
**CORAL SPRINGS FL 33065**

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.****SIGNATURE**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGHES, MAUREEN	
STREET ADDRESS	9400 NW 39TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	<del>S-</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>BURGLER, MEDLAN</del>	
STREET ADDRESS	<del>9400 NW 39CT</del>	
CITY-ST-ZIP	<del>CORAL SPRING FL 33064</del>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Maureen Hughes*  
**MAUREEN HUGHES President 4/25/01**

CR2E034 (10/00)