AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

04-10-2003 90156 027 ****61.25
P99000023740

FILED
03 APR 17 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10065074

DOCUMENT # P99000023740

1. Entity Name
Grandscapes of Florida, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5341 Canal Drive	5341 Canal Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33463 Country: USA	Zip: 33463 Country: USA

4. FEI Number: 65-0904239 ☐ 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: Lynda Baker

Street Address (P.O. Box Number is Not Acceptable): 5341 Canal Dr.

City: Lake Worth FL Zip Code: 33463

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	Bennie W. Baker, Jr.
STREET ADDRESS	5341 Canal Drive
CITY-ST-ZIP	Lake Worth, FL 33463
TITLE	V
NAME	Roy C. Zentz
STREET ADDRESS	5341 Canal Drive
CITY-ST-ZIP	Lake Worth, FL 33463
TITLE	T, S,
NAME	Lynda Baker
STREET ADDRESS	5341 Canal Drive
CITY-ST-ZIP	Lake Worth, FL 33463
TITLE	
NAME	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lynda R. Baker 4-4-03 561-965-5783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #