

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90017 007 ***550.00

DOCUMENT # P97000032106

1. Entity Name
SEEDLESS ENTERPRISE, INC.

Principal Place of Business 5230 BOX TURTLE CIRCLE SARASOTA FL 34232	Mailing Address 5230 BOX TURTLE CIRCLE SARASOTA FL 34232
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0750905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WINGATE, TERRY L
5239 BOX TURTLE CIRCLE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	EIGSTI, NICHOLAS W
STREET ADDRESS	5227 BOX TURTLE CIRCLE
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input type="checkbox"/> Delete
NAME	WINGATE, TERRY L
STREET ADDRESS	5339 BOX TURTLE CIRCLE
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input type="checkbox"/> Delete
NAME	EIGSTI, MARILYN H
STREET ADDRESS	5227 BOX TURTLE CIRCLE
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input type="checkbox"/> Delete
NAME	WINGATE, MARSHA B
STREET ADDRESS	5239 BOX TURTLE CIRCLE
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIGNATURE* **CEO** Date: 7-10-2000 Daytime Phone #: 94374-1908