

4/19

# 2001 UNIFORM BUSINESS REPORT (UBR)

# FILED May 18, 2001 8:00 am Secretary of State

04-19-2001 90085 002 \*\*\*150.00

DOCUMENT # P98000107207

1. Entity Name  
**SEEDLAND, INC.**

Principal Place of Business 9895 ADAMS ROAD WELLBORN FL 32094	Mailing Address 9895 ADAMS ROAD WELLBORN FL 32094
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>P.O. Box 1286</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>Madison, GA</b>
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4. FEI Number <b>59-3551010</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>30650</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**PARSONS, MICHAEL L**  
9895 ADAMS ROAD  
WELLBORN FL 32094

7. Name and Address of New Registered Agent

Name  
**Parsons, Michael L.**

Street Address (P.O. Box Number Is Not Acceptable)  
**9891 Adams Road**

City  
**Wellborn** FL Zip Code  
**32094**

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 **Michael L. Parsons, Pres.** **4-12-01** 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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARSONS, MICHAEL L</b> 9895 ADAMS ROAD WELLBORN FL 32094	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARSONS, DONNA B</b> 9895 ADAMS ROAD WELLBORN FL 32094	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 1281 / 1657 4 Lakes Dr.</b> <b>Madison GA 30650</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1657 Four Lakes Drive</b> <b>Madison, GA 30650</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Michael L. Parsons, Pres** **4-12-01** **706-342-2770** DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR