

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90102 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> F00000006257
<b>1. Entity Name</b> FRONTIER SEED CO., INC.

<b>Principal Place of Business</b> C/O SEEDWORKS, INC. 559 SAN YSIDRO ROAD, SUITE B SANTA BARBARA CA 93108	<b>Mailing Address</b> C/O SEEDWORKS, INC. 559 SAN YSIDRO ROAD, SUITE B SANTA BARBARA CA 93108
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<b>2. Principal Place of Business</b> C/O SeedWorks INC. Suite, Apt. #, etc. 3424 Roberto Court City & State San Luis Obispo, CA. Zip 93401 Country USA	<b>3. Mailing Address</b> C/O SeedWorks INC. Suite, Apt. #, etc. 3424 Roberto Court City & State San Luis Obispo, CA. Zip 93401 Country USA
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<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525
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<b>4. FEI Number</b> 77-0503471	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>MINNICK, TOM</b> 559 SAN YSIDRO ROAD, SUITE B SANTA BARBARA CA 93108 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>JECK, ERIC</b> 559 SAN YSIDRO ROAD, SUITE B SANTA BARBARA CA 93108 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>STRUCK, JOHN</b> 559 SAN YSIDRO ROAD, SUITE B SANTA BARBARA CA 93108 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>ATKINSON, DAVID</b> 559 SAN YSIDRO ROAD, SUITE B SANTA BARBARA CA 93108 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>
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<b>SIGNATURE:</b> DAVID ATKINSON	<b>3/27/02</b>	<b>805-969-1528</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

CR2E034 (9/01)