

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90202 021 ***150.00

0070655 AV

DOCUMENT # F98000005234

1. Entity Name
INTEGRATED PLANT GENETICS, INC.



Principal Place of Business
12085 RESEARCH DR.
ALACHUA FL 32615

Mailing Address
12085 RESEARCH DR.
ALACHUA FL 32615



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3158390

☐ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

GABRIEL, DEAN W
12085 RESEARCH DR.
ALACHUA FL 32615

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **DPC** ☐ **Delete**
NAME **GABRIEL, DEAN W**
STREET ADDRESS **12085 RESEARCH DR.**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **ST** ☐ **Delete**
NAME **GABRIEL, DEAN W**
STREET ADDRESS **12085 RESEARCH DR.**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **D** ☐ **Delete**
NAME **REED, CHARLES E**
STREET ADDRESS **PO BOX 1863**
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE **D** ☐ **Delete**
NAME **BREEDLOVE, ROBERT M**
STREET ADDRESS **4734 SW 80TH TR**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 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

4-28-03

Date

@ 386-418-3494

Daytime Phone #

CR2E034 (10/02)