9/10/01-90004-019-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002513

1. Entity Name

NORTH FLORIDA WEED AND SEED, INC.

FILED
01 SEP 27 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A00084282

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
438 W. BREVARD ST. TALLAHASSEE FL 32301	438 W. BREVARD ST. TALLAHASSEE FL 32301

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 234 East 7th Ave		Suite, Apt. #, etc. 234 East 7th Ave	
City & State Tallahassee, Florida		City & State Tallahassee, Florida	
Zip 32303	Country USA	Zip 32303	Country USA

4. FEI Number
59-3682694
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLEMAN, CARMEN 438 W. BREVARD ST. TALLAHASSEE FL 32301	Name: Michael L. Langston Street Address (P.O. Box Number is Not Acceptable): 234 East 7th Ave City: Tallahassee **FL** Zip Code: 32303

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 Langston — 9/4/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BELLAMY, JAMES 918 RAILROAD AVE. TALLAHASSEE FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC REDDINGS, JANIE B 438 W. BREVARD ST. TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC HOWARD, ANDREA 1225 EASTERWOOD DR. TALLAHASSEE FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORBETT, JAYE 313-F MABRY ST. TALLAHASSEE FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCQUEEN, FERDEANA 2920 RACKLEY DR. TALLAHASSEE FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition TS

CR2E037 (5/01)

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 617, 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 REQUIRED — 9/4/01 — 850-322-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #