

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90010 012 ****61.25

DOCUMENT # N00000002513

1. Entity Name

NORTH FLORIDA WEED AND SEED, INC.

Principal Place of Business

Mailing Address

**234 EAST 7TH AVE
TALLAHASSEE FL 32301**

**234 EAST 7TH AVE
TALLAHASSEE FL 32301**

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

59-3682694

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

**LANGSTON, MICHAEL L
234 EAST 7TH AVE
TALLAHASSEE FL 32301**

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

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

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 ☐ Delete
NAME **CT**
STREET ADDRESS **BELLAMY, JAMES**
CITY-ST-ZIP **918 RAILROAD AVE.
TALLAHASSEE FL 32310**

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

TITLE ☒ Delete
NAME **VCT**
STREET ADDRESS **REDDINGS, JANIE B**
CITY-ST-ZIP **438 W. BREVARD ST.
TALLAHASSEE FL 32301**

TITLE ☒ Change ☐ Addition
NAME **VCT**
STREET ADDRESS **Buddy Streit**
CITY-ST-ZIP **810 Thomasville Road
Tallahassee, FL 32308**

TITLE ☒ Delete
NAME **VCT**
STREET ADDRESS **HOWARD, ANDREA**
CITY-ST-ZIP **1225 EASTERWOOD DR.
TALLAHASSEE FL 32311**

TITLE ☒ Change ☐ Addition
NAME **VCT**
STREET ADDRESS **Melanie Carty**
CITY-ST-ZIP **2407 Roberts Ave
Tallahassee, FL 32310**

TITLE ☒ Delete
NAME **ST**
STREET ADDRESS **CORBETT, JAYE**
CITY-ST-ZIP **313-F MABRY ST.
TALLAHASSEE FL 32304**

TITLE ☒ Change ☐ Addition
NAME **ST**
STREET ADDRESS **Phyllis Bush**
CITY-ST-ZIP **1115 Dade Street
Tallahassee, FL 32304**

TITLE ☒ Delete
NAME **TT**
STREET ADDRESS **MCQUEEN, FERDEANA**
CITY-ST-ZIP **2920 RACKLEY DR.
TALLAHASSEE FL 32310**

TITLE ☒ Change ☐ Addition
NAME **TT**
STREET ADDRESS **Pat Pittman**
CITY-ST-ZIP **1900 Jackson Bluff Road
Tallahassee, FL 32304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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]*

4/17/02

850 224-3240

CR2E037 (9/01)