

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005138

FILED  
Sep 09, 2002  
Secretary of State

Entity Name: CLOUD SEEDING INC.

**Current Principal Place of Business:**

POST OFFICE BOX 581  
GAINESVILLE, FL 32602

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 581  
GAINESVILLE, FL 32602

**New Mailing Address:**

FEI Number: 59-3686179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERRANDI, GEORGE  
207 N.E. BOULEVARD  
APARTMENT #4  
GAINESVILLE, FL 32602 US

**Name and Address of New Registered Agent:**

ORTH, JOHN  
120 SE 7TH ST  
B  
GAINESVILLE, FL 32601 US

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: JOHN ORTH

09/09/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ARNOLD, JESSE  
Address: POST OFFICE BOX 581  
City-St-Zip: GAINESVILLE, FL 32602

Title: D ( ) Delete  
Name: FERRANDI, GEORGE  
Address: POST OFFICE BOX 581  
City-St-Zip: GAINESVILLE, FL 32602

Title: D ( ) Delete  
Name: GAST, CHRISTY  
Address: POST OFFICE BOX 581  
City-St-Zip: GAINESVILLE, FL 32602

Title: D ( ) Delete  
Name: MCQUEEN, DAVID  
Address: POST OFFICE BOX 581  
City-St-Zip: GAINESVILLE, FL 32602

Title: D ( ) Delete  
Name: ORTH, JOHN  
Address: POST OFFICE BOX 581  
City-St-Zip: GAINESVILLE, FL 32602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ORTH

MR.

09/09/2002

Electronic Signature of Signing Officer or Director

Date