

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003697

1. Entity Name

THE REMMANT SEED MINISTRIES, INC.

04-01-2002 90637 041 ***61.25

N01000003697

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 11 PM 3:12

Principal Place of Business

Mailing Address

1481 KENMORE ST.
PORT CHARLOTTE FL 33952

1481 KENMORE ST
PORT CHARLOTTE FL 33952

Wrong S,
Should be
Remnant

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

6. Name and Address of Current Registered Agent

DAVILA, JOSE N
1481 KENMORE ST
PORT CHARLOTTE FL 33952

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	DAVILA, JOSE N	
STREET ADDRESS	1481 KENMORE ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVILA, JODY A	
STREET ADDRESS	1481 KENMORE ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, BILLY R	
STREET ADDRESS	3411 IDLEWILD ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ROGER	
STREET ADDRESS	1190 FLETCHER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOPE, GARY R	
STREET ADDRESS	180 CYPRESS AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Lindback, Charles	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2240 Lion Tr.	
STREET ADDRESS	Port Charlotte FL 33952	
CITY-ST-ZIP		
TITLE	Gardner, Billy R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21161 Bassett Ave.	
STREET ADDRESS	Port Charlotte FL 33952	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Date

941-613-1110

Daytime Phone #

CR2E037 (9/01)