## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # N96000003570 1. Entity Name GOODSEED USA, INC. 01-25-2000 90080 021 \*\*\*\*70.00 Principal Place of Business Mailing Address POST OFFICE BOX 665 1000 E. FIRST STREET APARTMENT 310 SANFORD FL 32772-0665 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address PO Box 665 125 Coastline Rd. 65 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 1500 Applied For 4. FEI Number City & State 59-3480436 Not Aprilliania Sanford, FL Country Country \$8.75 Additional 5. Certificate of Status Desired usi Fee Required 32771 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Russell J Smyth Street Address (P.O. Box Number is Not Acceptable) SMYTH, RUSSELL J 2400 Laurel Ave 1000 E. FIRST STREET **APARTMENT 310** Zip Code City SANFORD FL 32771 Sanford 32771 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D TITLE ☐ Addition TITLE ☐ Delete D NAME SMYTH, RUSSELL J NAME Smyth, Russell J STREET ADDRESS 1000 E. FIRST STREET STREET ADDRESS 2400 Laurel Ave CITY-ST-7iP CITY-ST-ZIP SANFORD FL 32771 Sanford, FL 32771 ☐ Addition ☐ Delete TITLE TITLE NAME CROSS, JOHN R NAME Cross, John R Box 1000 STREET ADDRESS STREET ADDRESS 1000 E. FIRST STREET CITY-ST-ZIP .CITY-ST-ZIP. Durham, Ontario NOG 1RO SANFORD FL 32771 ☐ Delete TITLE NAME IOTT, BARNEY Iott, Barney STREET ADDRESS STREET ADDRESS 813 Sycamore Ln 1000 E. FIRST STREET CITY-ST-ZIP CITY-ST-ZIF Woodland, CA 95695 SANFORD FL 32771 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME KRAJEC, JOHN STREET ADDRESS STREET ADDRESS 25 N. GLENWOODS RD. CITY-ST-ZIP CITY-ST-ZIP GALES FERRY CT 06335 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HUMPHREYS, PAUL W NAME STREET ADDRESS STREET ADDRESS **BOX 1000** CITY-ST-ZIP CITY-ST-ZIP DURHAM ON Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 condicated 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 in the file of the same legal effect as if made under oath; the file of the same legal effect as if made under oath; the file of the file of the same legal effect as if made under oath; the file of the fi