

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003570

1. Entity Name

GOODSEED USA, INC.

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90721 001 \*\*\*\*61.25

04-01-2002 90721 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

3655 N GOVERNMENT WAY  
SUITE 9  
COEUR D'ALENE ID 83814

P.O. BOX 2890  
HAYDEN ID 83835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
83815

Country

Zip

Country

4. FEI Number

59-3480436

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, MALCOLM  
5368 ANTHONY AVE  
MILTON FL 32570

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

*Russell J. Smyth*

*Russell J. Smyth*

*3/12/2002*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
SMYTH, RUSSELL J  
1615 N 5TH STREET  
COEUR D'ALENE ID 83814 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
IOTT, FRANKLIN B  
530 DRAGONFLY DR  
COEUR D'ALENE ID 83815 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CROSS, JOHN R  
15 BEECH CRESCENT  
OLDS, AB CANADA T4H 1M1 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KRAJEC, JOHN A  
15 BEECH CRESCENT  
OLDS, AB CANADA T4H 1M1 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
HUMPHREYS, PAUL W  
BOX 1000  
DURHAM, ON, CANADA N0G 1R0 ☐ 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

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:

*Russell J. Smyth*

*Russell J. Smyth*

*3/12/2002*

*208 665-2333*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)