

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001520

1. Entity Name

S.E.D.S., INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90066 017 ****61.25

Principal Place of Business

2300 PALM BEACH LAKES BLVD
SUITE 312
WEST PALM BEACH FL 33409
US

Mailing Address

13131 52ND CT N
ROYAL PALM BEACH FL 33411-8169
US

2. Principal Place of Business

2300 Palm Beach Lakes Blvd

3. Mailing Address

2300 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

Suite # 312

Suite, Apt. #, etc.

Suite # 312

City & State

W.P.B., Florida

City & State

West Palm Beach, FL

Zip

33409

Country

Palm Beach

Zip

33409

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0733152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, SANDRA
13131 52ND COURT NORTH
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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 Sandra Smith

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2/16/00

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	PS	<input type="checkbox"/> Delete
NAME	SMITH, SANDRA	
STREET ADDRESS	13131 52ND COURT NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, STACY ANN-S	
STREET ADDRESS	13131 52ND COURT NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, MICKESHA OLANA	
STREET ADDRESS	13131 52ND COURT NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRACEY, JULIET	
STREET ADDRESS	109 W SWAN PKWY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWNES, ROGER	
STREET ADDRESS	6098 FARMERS PLACE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, OSBOURNE	
STREET ADDRESS	13131 52ND COURT NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00 (561) 687-0460

Date

Daytime Phone #

CR2E037 (9/99)