

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90041 008 \*\*\*150.00

DOCUMENT # P00000029583 ✓

1. Entity Name

SEED, TIME & HARVEST INC.

Principal Place of Business

Mailing Address

1409 Palmetto St  
 New Smyrna Beach Fla 32168

2. Principal Place of Business

1409 Palmetto St

3. Mailing Address

1409 Palmetto St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach Fla

City & State

New Smyrna Beach Fla

4. FEI Number

59-3631187

Applied For

Not Applicable

Zip

Country

USA

Zip

32168

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kent T Allen  
 1801 Hill St  
 New Smyrna Beach Fla  
 32169

Name Kent T Allen  
 Street Address (P.O. Box Number is Not Acceptable) 1409 Palmetto Street  
 City New Smyrna Beach FL Zip Code 32168

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

02-13-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Kent T Allen	1409 Palmetto St	New Smyrna Beach Fla 32168	<input type="checkbox"/>
Secretary	Pamela G. Allen	1409 Palmetto St	New Smyrna Beach Fla 32168	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Pamela G. Allen	1409 Palmetto St	New Smyrna Beach Fla 32168	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kent T Allen 02-13-01 904-409-3858

CR2E034 (9/99)