DOCUMENT # P96000041573  1. Entity Name SOLAR SEED, INC.				FILED Jan 08, 2001 8:00 am Secretary of State 01-08-2001 90004 045 ***150.00				
Principal Place of Business  302 SO CENTER STREET EUSTIS FL 32726	Mailing Address 302 SO Center Street Eustis FL 32726			01-08-20	01 90004	. 043	130.00	
2. Principal Place of Business	<i>,</i>							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			. DO NOT WRI	TE IN THIS S	SPACE .		
City & State	City & State		4. FEI	4. FEI Number 59-3378196		Applied For Not Applicable		]
Zip Country	Zip	Country	<b>5.</b> Cer	tificate of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Re	gistered Agent	Name	7. Nar	ne and Address of New F	Registered /	lgent -		1
VERKAIK, JOHN 302 SO CENTER STREET EUSTIS FL 32726		Street Addr	ess (P.O. Box	Number is Not Acceptabl	e)			-
		City	•		FL	Zip Coo	e	1
8. The above named entity submits this statement for the SIGNATURE  Signature, typed or printed name of registered agent and to general states. This corporation is eligible to satisfy its Intangible.	ute if applicable (NOTE	E: Registered Agent signature re	quired when reinst		DATE	¢s (		
Tax filing requirement and elects to do so. (See criteria on back)	Make Check Payab	001 Fee will be \$550 ble to Department of	00 State	Trust Fund Contribution	on. C	Adde	d to Fees	
TITLE D VERKAIK, JOHN STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726	RECTORS  Delete	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDI	TIONS/CHANGES TO OFF	FICERS AND	DIRECTOR  Change	S IN 11	CR2E034 (10/00)
TITLE D NAME VERKAIK, JOYCE C STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	CR2
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	□ Delete 	TITLENAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	
TITLE NAME	☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP						4
STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with thi indicated on this report or supplemental burst is tru of the corporation or the receiver or transfer empower changed, or on an attachment with the street ess, with	s filing does not qualify for e and accurate and that n red to execute this report all other like empowered.  30/W TED NAME OF SIGNING OFFICER	r the exemption stated ny signature shall have as required by Chapte	n Section 119 the same leg r 607, Florida	0.07(3)(i), Florida Statutes, al effect as if made under Statutes; and that my nam				<del>-</del>