

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019615

1. Entity Name

SEEDROCK-VGP, INC.



FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90062 041 ***558.75

Principal Place of Business

5213 S CRESCENT DR
TAMPA FL 33611
US

Mailing Address

5213 S CRESCENT DR
TAMPA FL 33611
US

2. Principal Place of Business

SeedRock-VGP, Inc

Suite, Apt. #, etc.

P.O. Box 745

City & State

Winfield, KS

Zip

67156

Country

USA

3. Mailing Address

SeedRock-VGP, Inc

Suite, Apt. #, etc.

P.O. Box 745

City & State

Winfield, KS

Zip

67156

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3428394

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSON, LORIE
5213 S CRESCENT DR
TAMPA FL 33611

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE DPST
NAME SMITH, JUDY L
STREET ADDRESS 5213 S CRESCENT DR
CITY-ST-ZIP TAMPA FL 33611

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME SMITH, JUDY L
STREET ADDRESS 415 E 11 Ave
CITY-ST-ZIP Winfield, KS 67156

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 empowered.

SIGNATURE:

Signature of Judy L Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00
Date

316-221-1754
Daytime Phone #

CR2E034 (5/00)