

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91843 029 ***158.75

DOCUMENT # P97000019615



1. Entity Name
SEEDROCK-VGP, INC.

Principal Place of Business
P.O. BOX 745
WINFIELD KS 67156
US

Mailing Address
P.O. BOX 745
WINFIELD KS 67156
US



2. Principal Place of Business
5213 S. CRESCENT DR.
Suite, Apt. #, etc.
TAMPA, FL.

3. Mailing Address
5213 S. CRESCENT DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL.
Zip 33611 Country USA

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TAMPA, FL.
Zip 33611 Country USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Lorie Larson*

4-25-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	SMITH, JUDY L	
STREET ADDRESS	415 E 11 AVE	
CITY-ST-ZIP	WINFIELD KS 67156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARSON, LORIE S	
STREET ADDRESS	5213 S. CRESCENT DR.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, LORIE S.	
STREET ADDRESS	5213 S. CRESCENT DR.	
CITY-ST-ZIP	TAMPA, FL. 33611	
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 607, 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:

Lorie Larson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

Date

813-835-8293

Daytime Phone #

CR2E034 (10/02)