

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000021015**

1. Entity Name

CERES TECHNOLOGIES, INC.**FILED**
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90344 022 ***158.75

0046698 AV

Principal Place of Business

**112 BUNKERS COVE ROAD
PANAMA CITY FL 32401**

Mailing Address

**112 BUNKERS COVE ROAD
PANAMA CITY FL 32401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3505949

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

80070729**6. Name and Address of Current Registered Agent****HUGHES, J. ROBERT
220 MCKENZIE AVENUE
PANAMA CITY FL 32401****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 \$150.00
After May 1, 2002 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	CRAMER, WILLIAM C JR	
STREET ADDRESS	P O BOX 490	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERSTREET, MICHAEL C	
STREET ADDRESS	8215 PALM COVE BLVD	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408	
TITLE	P	<input type="checkbox"/> Delete
NAME	CRAMER, CAROLYN	
STREET ADDRESS	112 BUNKERS COVE RD	
CITY-ST-ZIP	PANAMA CITY FL 32401	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Carly F. Cramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/7/02**
Date

Daytime Phone #

CR2E034 (9/01)