

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90121 014 ***150.00

DOCUMENT # **PA7000032100**
1. Entity Name
SEEDLESS' ENTERPRISE, INC. ✓

DO NOT WRITE IN THIS SPACE

831180

2. Principal Place of Business
USA.
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
5230 BOX TURTLE CIR.
Suite, Apt. #, etc.
City & State
SARASOTA, FL.
Zip
34232
Country
USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number
BO 65-0750905
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
TERRY WINGATE
Street Address (P.O. Box Number is Not Acceptable)
5230 BOX TURTLE CIR
SARASOTA, FL
City
FL Zip Code
34232

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 **Terry Wingate - CEO** DATE **4-5-02**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Nick Eigsti - PRESIDENT 5227 BOX TURTLE CIR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERRY WINGATE - CEO 5230 BOX TURTLE CIR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLYN EIGSTI - Sec. 5227 BOX TURTLE CIR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAUSKA WINGATE - TRUS. 5230 BOX TURTLE CIR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Terry Wingate** DATE **4-5-02** DAYTIME PHONE # **941-379-1908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)