

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095615

1. Entity Name  
**REBEL SEEDS, INC.**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**  
05-17-2000 90899 013 \*\*\*150.00

Principal Place of Business Mailing Address  
2910 GULF CITY RD. P.O. BOX 1491  
RUSKIN FL 33570 RUSKIN FL 33570-1491

2. Principal Place of Business 3. Mailing Address  
6203 US 41 N Suite, Apt. #, etc.

City & State City & State  
Apollo Beach, FL Zip Country  
33572 USA

4. FEI Number 65-0882318 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CRILL, JAMES  
1105 10TH ST SW  
RUSKIN FL 33570

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, 2000 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. ☐ Delete  
NAME CRILL, JAMES  
STREET ADDRESS 1105 10TH ST. SW  
CITY-ST-ZIP RUSKIN FL 33570

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: James Crill (James Crill) President 4/28/00 813-645-4480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)