

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

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90725 014 ***158.75

DOCUMENT # **566568**

1. Entity Name

SedCON, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

25294 Papillion DR

Suite, Apt. #, etc.

3. Mailing Address

25294 Papillion DR

Suite, Apt. #, etc.

City & State

BONITA SPRINGS FL

Zip

34135

Country

Lee

City & State

BONITA SPRINGS FL

Zip

34135

Country

Lee

4. FEI Number

65-0272737

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PHILLIP P. SEDBERRY

Street Address (P.O. Box Number is Not Acceptable)

26038 Reed Ct

City

BONITA SPRINGS

FL

Zip Code

34135

**DO NOT WRITE
IN THIS SPACE**

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

Phillip P. Sedberry

PRESIDENT Phillip P. Sedberry

3/18/02

Signature, type 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)

☐

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
**PRESIDENT
Phillip P. Sedberry
25294 Papillion DR
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
Robin C. Sedberry
25294 Papillion DR
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Robin C. Sedberry

ROBIN C SEDBERRY V.PRES

3/18/02

941-947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2464

CR2E034B (12/01)