

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90150 007 \*\*\*150.00

**DOCUMENT # 525875**

1. Entity Name  
**HEART OF FLORIDA GREENHOUSES, INC.**



Principal Place of Business  
**7555 CREWSVILLE RD  
ZOLFO SPRINGS FL 33890  
US**

Mailing Address  
**7555 CREWSVILLE RD  
ZOLFO SPRINGS FL 33890  
US**



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 **59-1726165**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWANK, CHARLES E.  
1430 S. HIGHLANDS AVENUE  
P. O. BOX 819  
SEBRING FL 33870**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | VD                 | <input type="checkbox"/> Delete |
| NAME           | SWANK, BEVERLY W   |                                 |
| STREET ADDRESS | 7106 SPARTA RD.    |                                 |
| CITY-ST-ZIP    | SEBRING FL         |                                 |
| TITLE          | TD                 | <input type="checkbox"/> Delete |
| NAME           | BRYANT, CHRISTINA  |                                 |
| STREET ADDRESS | 7665 CREWSVILLE RD |                                 |
| CITY-ST-ZIP    | ZOLFO SPRINGS FL   |                                 |
| TITLE          | PD                 | <input type="checkbox"/> Delete |
| NAME           | BRYANT, THEO       |                                 |
| STREET ADDRESS | 7665 CREWSVILLE RD |                                 |
| CITY-ST-ZIP    | ZOLFO SPRINGS FL   |                                 |
| TITLE          | SD                 | <input type="checkbox"/> Delete |
| NAME           | SWANK, CHARLES E   |                                 |
| STREET ADDRESS | 7106 SPARTA RD.    |                                 |
| CITY-ST-ZIP    | SEBRING FL         |                                 |
| 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"/> 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    |                                                                   |
| 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:

*Christina Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03

863-735-1199

Date

Daytime Phone #

CR2E034 (10/02)