2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000004643

Entity Name: FLORIDA'S HEARTLAND REDI, INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5813 OLIVE RD SEBRING, FL 338756041 US						
Current Mailing Address:			New Maili	New Mailing Address:		
P O BOX 1196 SEBRING, FL 338711196 US						
FEI Number: 59-3213603 FEI Number Ap		FEI Number Applied For ()	FEI Number Not Applicable ()		Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
NEALE, BETTY 5813 OLIVE RD SEBRING, FL 338756041 US						
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:						
Electronic Signature of Registered Agent			t		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SD ()E LAMBERT, BILL 218 BOSTICK RE BOWLING GREE		Title: Name: Address: City-St-Zip:	SD (X) JACKSON, AND 150 N COMMER SEBRING, FL 3	RCE AVENUE	
Title: Name: Address: City-St-Zip:	JONES, K S	Delete JRTHOUSE HWY 27 & 5TH ST FL 33471	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VCD ()E MARKHAM, LOW 401 S PARROTT OKEECHOBEE, I	AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E GOSE, JAMES L 2911 NE LAKEVI SEBRING, FL		Title: Name: Address: City-St-Zip:	SMITH, BOBBY	ANGE STREET-RM A-203	
Title: Name: Address: City-St-Zip:	NEADS, RON	Delete TREET, SUITE 201 266	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () E MECHLIN, JEFFF 98 NORTH FORE AVON PARK, FL	EST AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. S. JONES C/D 04/29/2003

DELETE: STOKES, EDGAR; HARRIS, DARYL

D-MORGAN, JOHN SFWMD-205 N PARROTT AVE., SUITE 201 OKEECHOBEE, FL 34972

D-HARVEY CLOIS 304 NW 2ND STREET., RM 106 OKEECHOBEE, FL 34972

D-ABBOTT, JAMA 1499 US 19 NORTH WAUCHULA, FL 33873

D-MCCARTHY, KEVIN 50 SOUTH BRIDGE STREET LABELLE, FL 33735

D-GEISLER, ROBERT RT 4, LINDA ROAD OKEECHOBEE, FL 34974

D-BRAGG, BECKY 2816 NW COUNTY ROAD ARCADIA, FL 34266

D-BAIRD, LESTER 50 SOUTH BRIDGE STREET LABELLE, FL 33735