

3 FOR PROFIT CORPORATION FORM BUSINESS REPORT, (UBR)

INT # P01000053388

HILL FARM, INC.



Principal Place of Business
3100 SW 58TH ST.
OCALA FL 34482

Mailing Address
3100 SW 58TH ST.
OCALA FL 34482

FILED
03 SEP 25 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<p>BELL, MARION K 3100 SW 58TH ST. OCALA FL 34482</p>			
<p>Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ Zip Code FL _____</p>			
7. Name and Address of New Registered Agent			
<p>_____</p>			
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 \$550.00
After September 10, 2003 Fee will be \$750.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, MARION K		NAME	8000023341518
STREET ADDRESS	3100 SW 58TH ST.		STREET ADDRESS	09/25/03--01074--017 **150.00
CITY-ST-ZIP	OCALA FL 34482		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESICS, CHARLES		NAME	
STREET ADDRESS	3100 SW 58TH ST.		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMINGTON, GALE L		NAME	
STREET ADDRESS	3100 SW 58TH ST.		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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)(l), 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: *Marion K. Bell* **Marion K. BELL**, Pres. 8/15/03 610-760-9984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

Subject: EDGE HILL FARM, INC.
Ref. Number: PO1000053388

As per your request I am writing
to state that I, Marion K. Bell,
Marion K Bell, did not receive the
First Notice for the "Uniform
Business Report" document.

Sincerely,

Marion K Bell

September 22, 2003
4476 Timberline RD
Walnutport, Pa. 18088-9110