

3 FOR PROFIT CORPORATION FORM BUSINESS REPORT (UBR)

IDENT # P01000053388

HILL FARM, INC.



FILED

03 SEP 25 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
3100 SW 58TH ST.
OCALA FL 34482

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 59-3728263

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

BELL, MARION K
3100 SW 58TH ST.
OCALA FL 34482

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 D
NAME BELL, MARION K
STREET ADDRESS 3100 SW 58TH ST.
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800023341518
09/25/03--01074--017 **150.00

TITLE D
NAME MESICS, CHARLES
STREET ADDRESS 3100 SW 58TH ST.
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

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

TITLE D
NAME REMINGTON, GALE L.
STREET ADDRESS 3100 SW 58TH ST.
CITY-ST-ZIP Ocala FL 34482 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/15/03 610-760-9984

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