

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91453 025 ***150.00

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DOCUMENT # P02000050849



1. Entity Name
HEIDI LYNN FARM, INC.

Principal Place of Business
**9451 NW 60TH AVE
OCALA FL 34482**

Mailing Address
**9451 NW 60TH AVE
OCALA FL 34482**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4232923

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOXLEY, JOHN
2320 NE 2ND ST, STE 4
OCALA FL 34470**

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 | D <input type="checkbox"/> Delete |
| NAME | BURKHALTER, WALTER |
| STREET ADDRESS | 9451 NW 60TH AVE |
| CITY-ST-ZIP | OCALA FL 34482 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | BURKHALTER, HEIDI |
| STREET ADDRESS | 9451 NW 60TH AVE |
| CITY-ST-ZIP | OCALA FL 34482 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | PALM, LYNN |
| STREET ADDRESS | N 12345 BLACK RIVER RD |
| CITY-ST-ZIP | BESSEMER MI 49911 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | PITTON-ROSSILLON, CYRIL |
| STREET ADDRESS | N 12345 BLACK RIVER RD |
| CITY-ST-ZIP | BESSEMER MI 49911 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
LYNN S. Palm Pitton-Rossillon, Treasurer 4-18-03 (952) 629-3310
Date Daytime Phone #

CR2E034 (10/02)