

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90729 032 \*\*\*150.00

**DOCUMENT # P02000126075**

1. Entity Name  
**SOUTHEAST FARM MANAGEMENT, INC.**



**35048813**

Principal Place of Business  
~~2607 S. WOODLAND BLVD.~~  
~~SUITE 127~~  
~~DELAND FL 32720~~

Mailing Address  
**2607 S. WOODLAND BLVD.**  
**SUITE 127**  
**DELAND FL 32720**

2. Principal Place of Business

**104 BREEZEWOOD**

Suite, Apt. #, etc.

**104**

City & State

**DEBARY FL**

Zip

**32713**

Country

**FLORIDA**

3. Mailing Address

Suite, Apt. #, etc.

**SAME**

City & State

**DEBARY FL**

Zip

**32713**

Country

**FLORIDA**

4. FEI Number

**02-0548415**

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

**HETTINGER, ROBERT L**  
**2607 S. WOODLAND BLVD**  
**SUITE 127**  
**DELAND FL 32720**

7. Name and Address of New Registered Agent

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

*Robert L. Hettinger*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/29/03**

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**John Tedder**  
**230 Nolan Rd.**  
**Pierson FL 32180**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ROBERT L HETTINGER**  
**104 BREEZEWOOD**  
**DEBARY FL 32713**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JOHN TEDDER**  
**230 NOLAN**  
**PIERSON FL 32180**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ROBERT L HETTINGER**  
**104 BREEZEWOOD**  
**DEBARY FL 32713**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARION D. BRUCE**  
**1 Arika At Longspur.**  
**Daytona Beach, FL 32120**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert L. Hettinger*  
**June 11, 2003**  
Date Daytime Phone #

CFR2004 (10/02)