

**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.**



**35048313**

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  
**109 BREEZEWOOD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**DEBARY FL**

City & State

Zip  
**32713**

Country  
**FLORIDA**

Zip Country

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

7. Name and Address of New Registered Agent

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

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*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/03**

**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

| TITLE | NAME                      | STREET ADDRESS        | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
|-------|---------------------------|-----------------------|--------------------------|---------------------------------|
|       | <b>John Tedder</b>        | <b>230 Nolan Rd.</b>  | <b>Pierson Fl. 32180</b> | <input type="checkbox"/>        |
|       | <b>ROBERT L HETTINGER</b> | <b>109 BREEZEWOOD</b> | <b>DEBARY FL 32713</b>   | <input type="checkbox"/>        |
|       |                           |                       |                          | <input type="checkbox"/>        |
|       |                           |                       |                          | <input type="checkbox"/>        |
|       |                           |                       |                          | <input type="checkbox"/>        |
|       |                           |                       |                          | <input type="checkbox"/>        |
|       |                           |                       |                          | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                      | STREET ADDRESS              | CITY-ST-ZIP                    | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|---------------------------|-----------------------------|--------------------------------|---------------------------------|--|
|       | <b>JOHN TEDDER</b>        | <b>230 NOLAN</b>            | <b>PIERSON FL 32180</b>        | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
|       | <b>ROBERT L HETTINGER</b> | <b>109 BREEZEWOOD</b>       | <b>DEBARY FL 32713</b>         | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
|       | <b>MARINA G. BRACK</b>    | <b>1 Arika At Lionspaw.</b> | <b>Daytona Beach, FL 32120</b> | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
|       |                           |                             |                                | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                           |                             |                                | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                           |                             |                                | <input type="checkbox"/>        | <input type="checkbox"/>                     |

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** *Robert L Hettinger* June 11, 2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2004 (10/02)