

**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 **John Tedder** Delete
STREET ADDRESS **230 Nolan Rd.**
CITY-ST-ZIP **Pierson Fl. 32180**

TITLE
NAME **ROBERT L HETTINGER** Delete
STREET ADDRESS **109 BREEZEWOOD**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME **ROBERT L HETTINGER** Change Addition
STREET ADDRESS **109 BREEZEWOOD**
CITY-ST-ZIP **DEBARY FL 32713** **TREASURER**

TITLE
NAME **MARION G. BRACK** Change Addition
STREET ADDRESS **1 Arika At Lionspaw.**
CITY-ST-ZIP **Daytona Beach, Fl. 32120** **PRESIDENT**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CFR2004 (10/02)