


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90523 008 \*\*\*150.00

**DOCUMENT # S68908**

1. Entity Name  
**ASTIN FARMS, INC.**



Principal Place of Business  
**3402 S SAM ASTIN RD  
PLANT CITY FL 33567**

Mailing Address  
**3402 S SAM ASTIN RD  
PLANT CITY FL 33567**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 3837**  
Suite, Apt. #, etc.

City & State  
**Plant City FL**

Zip  
**33563**

Country  
**USA**

4. FEI Number **65-0278097**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, J. STEPHEN  
220 S FRANKLIN ST  
TAMPA FL 33602**

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 Betty Astin  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ASTIN, SAM, III 3402 SAM ASTIN RD PLANT CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ASTIN, SAM, JR. 3402 SAM ASTIN RD PLANT CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ASTIN, BETTY 3402 SAM ASTIN RD PLANT CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Betty Astin **Secretary** 1/13/03 813-650-8448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

SUNCOAST LIFE SOLUTIONS, INC. BOARD OF DIRECTORS

January 17, 2003

*Attachment*

300,4742  
# 0000000974

* ANDERSON	LYNN H-7305 TANGLEWOOD DR., NPR 34654 H-847-3074 W-841-4430-(3044) FAX:841-4460 HARBOR BEHAVIORAL HEALTH CENTER	PRESIDENT	1/26/00
* BRENNER	WENDY H-7224 GRAND BLVD, NPR 34652 H-727 849-0120 W-842-7651 FAX:848-0202 MAYOR, NPR, WEST PASCO CHAMBER OF COMMERCE, CHASCO nprbrenner@aol.com	VICE-PRESIDENT	1/26/00
* COOGAN	DAVE H-2779 CAPWOOD LANE, CLEARWATER 33761 W-726-5640 FAX:847-3520 CELL: 457-4501 ADMINISTRATOR: WESTBURY HOUSE, ASSISTED LVG westcareinc@juno.com	TREASURER	1/28/00
DOWNES	FAITH W-7809 MASSACHUSETTS AVE., NPR, FL 34653 WK: 841-4200 EXT 252 FAX: 847-4354 HARBOR ELDER DAY PROGRAM		1/17/02
DUTCHER	RICHARD H-12307 JOYNER AVE, NPR 34654 H-856-9061 PGR-419-0039 O-841-4643; FAX:859-4739 DISCHARGE PLANNER-NORTH BAY HOSPITAL rick.dutcher@baycare.org		1/26/00
FOLEY	JOAN W-5841 MAIN ST. NPR, FL 34652 W-727 849-4724 FAX:842-3905 EXECUTIVE DIRECTOR: CONNECTIONS JOB DEVELOPEMENT jfoley@connectionsasco.org		1/26/00
HESS	RICK H-5943 FALL RIVER DR NPR, FL 34655 W-727 845-8080 FAX:848-1292 C:237-4377 EXECUTIVE DIRECTOR: PASCO FAMILY PROTECTION TEAM		1/26/00
OLENSKI	BARBARA 7809 MASSACHUSETTS AVE., NPR, FL 34653 W:841-4200 EXT:252 FAX:847-4354 HARBOR ELDER DAY PROGRAM		3/2/02
PENTON	MANUEL 5901 US 19, STE#12, NPR, FL 34652 W:446-4059; FX:442-6600; CELL: 813 476-2565 ATTORNEY NPR AND CLEARWATER mersl4life@aol		10/17/02
* SMITH	ROGER H-6915 AMARILLO ST, PR, FL 34668 W:847-2147 FAX:847-0082 SENIOR HOME COMPANIONS rogersmith@att.net	SECRETARY	1/17/02
HOBBS	KAROLYN KAY 5946 MAIN STREET NPR, FL 34652 W-727 846-0482 FX:727 847-0667; EMAIL:kayhobbs@yahoo.com	EXECUTIVE DIRECTOR	1/26/00