

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0014423

DOCUMENT # L00000007199

1. Entity Name
PRINCE & FIELDS, P.L.

04-01-2002 90609 029 ***150.00

| | |
|---|---|
| Principal Place of Business 515 N. FLAGLER DR., SUITE 1704 WEST PALM BEACH FL 33401 | Mailing Address 515 N. FLAGLER DR., SUITE 1704 WEST PALM BEACH FL 33401 |
|---|---|

B0054872



| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------|--------------|------------------------------------|--------------------|---|
| City & State | City & State | 4. FEI Number 65-1037603 | APPLIED FOR | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRINCE, FRANKLIN ESQUIRE
515 N. FLAGLER DR., SUITE 1704
WEST PALM BEACH FL 33401

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FIELDS, JOSEPH R JR 515 N. FLAGLER DR., SUITE 1704 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE **3/20/02** **561 832 5655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)