4/28/2003-91002-010-$50.00-$50.00

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03 MAY 22 PM 12:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000007199

1. Entity Name
Prince & Fields P.A.

Principal Place of Business	Mailing Address
515 North Flagler Drive #1704	
West Palm Beach FL 33401	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0427897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Franklin Prince, Esquire	Name
515 North Flagler Drive #1704	Street Address (P.O. Box Number is Not Acceptable)
West Palm Beach FL 33401	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: Vice President 4/24/03
Date

PLEASE KNOW THAT EFFECTIVE 1/1/02 THERE IS A $5.00 FEE TO FILE THIS REPORT. MAKE CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE. DO NOT SEND CASH.

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR/MJ Joseph A. Fields 515 North Flagler Dr. #1704 West Palm Beach FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR/MJ Franklin Prince 515 North Flagler Dr. #1704 West Palm Beach FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E033 (10/02)

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: Vice President 4/24/03 561 820 1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #