

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 189914

1. Entity Name

THE FIELD SHOPS INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90049 006 ***150.00

Principal Place of Business

4551 N W 36TH ST
MIAMI SPRINGS FL 33166

Mailing Address

4551 N W 36TH ST
MIAMI SPRINGS FL 33166-6104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0785222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM H BEHEL
4551 N W 36 ST
MIAMI SPRINGS FL 33166

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEHEL, WILLIAM H	
STREET ADDRESS	26140 HICKORY BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, BEHEL L	
STREET ADDRESS	950 NW 197TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33923	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BEHEL, JEAN	
STREET ADDRESS	26140 HICKORY BLVD #803	
CITY-ST-ZIP	BONITA SPRINGS FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHEL, WILLIAM H.	
STREET ADDRESS	26140 Hickory Blvd #803	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LESLIE BEHEL	
STREET ADDRESS	950 N.W. 197 Terrace	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHEL, JEAN	
STREET ADDRESS	26140 Hickory Blvd #803	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)