

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01343

1. Entity Name

MAYFIELD & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 915266  
LONGWOOD FL 32791-2266

P.O. BOX 915266  
LONGWOOD FL 32791-2266

8611 VILLA POINT DRIVE

2. Principal Place of Business

SUITE # 12111

Suite, Apt. #, etc.

3. Mailing Address

8611 VILLA POINT DRIVE

Suite, Apt. #, etc.

SUITE 12111

City & State  
ORLANDO FL

City & State  
ORLANDO FL

4. FEI Number 59-2644425

Applied For  
Not Applicable

Zip  
32810

Country  
USA

Zip  
32810

Country  
USA

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

MAYFIELD, ERIC  
8611 VILLA POINT DRIVE SUITE 12111  
ORLANDO FL 32810

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 Eric Mayfield, President

4/01/01

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, 2001 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 ☐ Delete  
NAME MAYFIELD, ERIC  
STREET ADDRESS C/O P. O. 915266 N/A  
CITY-ST-ZIP LONGWOOD FL

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8611 VILLA PT DRIVE SUITE 12111  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Eric Mayfield President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01 407 245 9424  
Date Daytime Phone #

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90171 034 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)