

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91607 019 ***150.00

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DOCUMENT # J01343

1. Entity Name
MAYFIELD & ASSOCIATES, INC.

Principal Place of Business 8611 VILLA POINT DR SUITE #12111 ORLANDO FL 32810	Mailing Address 8611 VILLA POINT DR SUITE #12111 ORLANDO FL 32810
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DO NOT WRITE IN THIS SPACE

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 59-2644425	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

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

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.

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, 2002 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

TITLE & NAME PD MAYFIELD, ERIC	<input type="checkbox"/> Delete
STREET ADDRESS 8611 VILLA PT DR, STE 12111	
CITY-ST-ZIP LONGWOOD FL	
TITLE & NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE & NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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* **4/26/02** **407 869 8830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)