

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0023496

DOCUMENT # L01000016208

1. Entity Name

FIELDS ATLANTIC, L.L.C.

04-03-2002 90023 037 *****50.00

Principal Place of Business

**402 CENTRE ST.
 FERNANDINA BEACH FL 32034
 US**

Mailing Address

**402 CENTRE ST.
 FERNANDINA BEACH FL 32034
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kitty Hawk, NC

Zip

Country

Zip

Country

27949 USA

4. FEI Number

56-2269946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOMASSETTI, ARMOND J
 406 ASH ST.
 FERNANDINA BEACH FL 32034**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
Mgr. William J. Fields
 STREET ADDRESS **P.O. Box 2469**
 CITY-ST-ZIP **Kitty Hawk, NC 27949**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE AND EITHER PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William J. Fields Mgr. 3/25/02 252-261-6171

CR2E083 (9/01)