

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L19049

1. Entity Name

FIELD SERVICES, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90057 041 \*\*\*150.00

Principal Place of Business

1626 - 90TH AVE.  
P.O. BOX 370  
VERO BEACH FL 32961

Mailing Address

1626 - 90TH AVE.  
P.O. BOX 370  
VERO BEACH FL 32961-0370

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 **65-0146711**

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

LUTHER, JOHN M  
1626 - 90TH AVE.  
VERO BEACH FL 32961

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	CD	<input type="checkbox"/> Delete
NAME	RICHARDSON, DANFORTH K.	
STREET ADDRESS	1855 - 28TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOPKINS, SUSAN R.	
STREET ADDRESS	1580 GRACEWOOD LN	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	HOPKINS, SUSAN R	
STREET ADDRESS	1580 GRACEWOOD LN.	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	TS	<input type="checkbox"/> Delete
NAME	PEREZ, THOMAS RENE	
STREET ADDRESS	2019 CORTEZ AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUTHER, JOHN M	
STREET ADDRESS	555 S A1A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	LUTHER, NANCY R.	
STREET ADDRESS	555 SOUTH A1A HIGHWAY	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAHLE, SANDRA R.	
STREET ADDRESS	6020 S.W. 5th St.	
CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE	DIRECTOR - V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAHLE, GEORGE A.	
STREET ADDRESS	6020 S.W. 5th St.	
CITY-ST-ZIP	Vero Beach, FL 32968	
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:

**SIGNATURES REQUIRED**

SIGNATURE AND TYPED NAME OF REGISTERED AGENT AND TREASURER

4/25/2000 561-567-1151

Date

Daytime Phone #

CR2E034 (9/99)