2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001188

FILED
00 JAN 28 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name
CECIL & STACEY FIELDER, LLC

Principal Place of Business	Mailing Address
C/O RICK FULLICK 739 NORTH DRIVE, SUITE D MELBOURNE FL 32935	C/O RICK FULLICK 739 NORTH DRIVE, SUITE D MELBOURNE FL 32934-9200

2. Principal Place of Business	3. Mailing Address
4150 Dow Rd	4150 Dow Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32934 Country: US ~~Province~~	Zip: 32934 Country: US ~~Province~~

4. FEI Number: 59-356-0766 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH FL 33401	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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIELDER, CECIL 739 NORTH DRIVE, SUITE D MELBOURNE FL 32934 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ 4150 Dow Rd Melbourne, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ MGRM FIELDER STACEY 4150 Dow Rd Melbourne, FL 32934 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change 800003121288--1 -02/02/00--01091--007 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~[illegible]~~ MGR. FULLICK, RICHARD 4150 Dow Rd Melbourne, FL 32934 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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: Richard Fullick Secretary 1/10/00 321-259-242,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #