2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001188

1. Entity Name

CECIL & STACEY FIELDER, LLC

FILED

00 JAN 28 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4150 Dow Rd	4150 Dow Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Melbourne, FL	Melbourne, FL
Zip 32934 Country US ~~Boeotia~~	Zip 32934 Country US ~~Brevard~~

4. FEI Number 59-356-0766 ☐ Applied For ☐ Not Applic.

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 ☐ ~~Delete~~ 4150 Dow Rd Melbourne, FL 32934
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Secretary~~ 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	~~Secretary~~ 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 ☐ ~~Delete~~
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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 1/10/00 321-259-2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #