2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000283

1. Entity Name

FIELDS CLARK HOLDINGS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 24 PM 4:04

4/29

Principal Place of Business	Mailing Address
3900 N. CROATAN HIGHWAY KITTY HAWK NC 27949	3900 N. CROATAN HIGHWAY KITTY HAWK NC 27949

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 2469 Suite, Apt. #, etc.
City & State	Kitty Hawk, NC
Zip / Country	27949 / USA

4. FEI Number 56-2214065 ☐ 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
TOMASSETTI, A. JEFFREY 406 ASH STREET FERNANDINA BEACH FL 32034	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 _____ A. Jeffrey Tomassetti 4/1/02
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

900005194359--6
-04/05/02--01016--010
*****50.00 *****55.00

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLARK, FURMAN O JR 3900 N. CROATAN HIGHWAY KITTY HAWK NC 27949 ☒ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FIELDS, WILLIAM J 3900 N. CROATAN HIGHWAY KITTY HAWK NC 27949 ☐ Delete	Mgr. Fields, William J. P.O. Box 2469 Kitty Hawk, NC 27949 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition FF $50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition Cus 5.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E083 (9/01)

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: _____ William J. Fields, Mgr. 3/25/02 252-261-6171
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #