2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2000 8:00 am Secretary of State DOCUMENT # M67413 1. Entity Name B & P FIELDS, INC. 04-23-2000 90025 009 ***158.75 Principal Place of Business Mailing Address 7129 VENETIAN WAY 7129 VENETIAN WAY LAKE CLARK SHORES FL 33406 LAKE CLARK SHORES FL 33406-6828 945142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0039484 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIELDS, GENE PAUL Street Address (P.O. Box Number is Not Acceptable) 7129 VENETIAN WAY LAKE CLARK SHORES FL 33406 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State TIME ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Poul Pields JR Change TITLE ☐ Delete FIELDS, GENE PAUL NAME 7129 Venetran Way NAME STREET ADDRESS 7129 VENETIAN WAY STREET ADDRESS LAKE CLARKE SHORES, FI CITY-ST-ZIP LAKE CLARK SHORES FL CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAME 2500 Springtale Blod, Apt G 103 STREET ADDRESS STREET ADDRESS PALMISTALINGS FELLISSY GIE CITY-ST-ZIP CITY-ST-ZIP -☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Detete

4-17-00

561-547-2819

Daytime Phone #

Change

☐ Addition