

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M67413

1. Entity Name
B & P FIELDS, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90148 028 ***158.75

Principal Place of Business
7129 VENETIAN WAY
LAKE CLARK SHORES FL 33406
US

Mailing Address
7129 VENETIAN WAY
LAKE CLARK SHORES FL 33406
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0039484

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FIELDS, GENE PAUL
7129 VENETIAN WAY
LAKE CLARK SHORES FL 33406

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, 2001 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 D
NAME FIELDS, GENE PAUL
STREET ADDRESS 7129 VENETIAN WAY
CITY-ST-ZIP LAKE CLARK SHORES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME FIELDS JR, GENE PAUL
STREET ADDRESS 7129 VENETIAN WAY
CITY-ST-ZIP LAKE CLARK SHORES FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME STAUTZSKI, EIRON
STREET ADDRESS 2500 SPRINGDALE BLVD APT G 103
CITY-ST-ZIP PALM SPRINGS FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Gene Paul Fields GENE PAUL FIELDS 1/15/00

Date

Daytime Phone #

561-547-2819

CR2E034 (10/00)