2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90022 029 ***150.00

DOCUMENT # P00000002536

1. Entity Name
MARIA HADFIELD, INC.

Principal Place of Business	Mailing Address
~~2108 TELOGIA COURT~~	~~2108 TELOGIA COURT~~
HOLIDAY FL 34690	HOLIDAY FL 34690

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5130 VICTORIA LN	5130 VICTORIA LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLIDAY FL	City & State: HOLIDAY FL
Zip: 34690 Country: US	Zip: 34690 Country: US

4. FEI Number 59-3617428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HADFIELD, MARIA
~~2108 TELOGIA COURT~~
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5130 VICTORIA LN
City HOLIDAY **FL** Zip Code 34690

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] MARIA HADFIELD, PRES 1-21-02
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, 2002 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	PSD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HADFIELD, MARIA	NAME	
STREET ADDRESS	~~2108 TELOGIA COURT~~	STREET ADDRESS	5130 VICTORIA LN
CITY-ST-ZIP	~~HOLIDAY FL 34690~~	CITY-ST-ZIP	HOLIDAY FL 34690
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: [signature] MARIA HADFIELD, PRES 1-21-02 (727) 937-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #