2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90134 043 ***150.00

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DOCUMENT # P00000002536

1. Entity Name
MARIA HADFIELD, INC.

Principal Place of Business	Mailing Address
5130 VICTORIA LN HOLIDAY FL 34690	5130 VICTORIA LN HOLIDAY FL 34690

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3248 GLENWOOD CIR	3248 GLENWOOD CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State HOLIDAY FL	City & State HOLIDAY FL
Zip 34691 Country US	Zip 34691 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	7. Name and Address of New Registered Agent
HADFIELD, MARIA 5130 VICTORIA LANE HOLIDAY FL 34690	Name Street Address (P.O. Box Number is Not Acceptable) 3248 GLENWOOD CIRCLE City HOLIDAY FL Zip Code 34691

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Maria Hadfield MARIA HADFIELD 1-5-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HADFIELD, MARIA 5130 VICTORIA LANE HOLIDAY FL 34690	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3248 GLENWOOD CIRCLE HOLIDAY FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Hadfield MARIA HADFIELD, PRES 1-5-03 (727) 937-6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)