

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90029 007 \*\*\*150.00

0377579

**DOCUMENT # P00000037991****1. Entity Name**  
**FIELDS SIGN CO. INC.****Principal Place of Business**  
2511 E. MAIN ST.  
LAKELAND FL 33801**Mailing Address**  
2511 E. MAIN ST.  
LAKELAND FL 33801**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

59-3642148

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent**MAYER, CHARLES R  
2511 E. MAIN ST.  
LAKELAND FL 33801**7. Name and Address of New Registered Agent**

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**TITLE PTD  
NAME FIELDS, DAVID ROSS ☐ Delete  
STREET ADDRESS 2511 E. MAIN ST.  
CITY-ST-ZIP LAKELAND FL 33801TITLE VD  
NAME GANN, DANNY ROSS ☐ Delete  
STREET ADDRESS 1407 COMBEE LN.  
CITY-ST-ZIP LAKELAND FL 33801TITLE S  
NAME MAYER, CHARLES R ☐ Delete  
STREET ADDRESS 5835 BARTOW RD. SOUTH  
CITY-ST-ZIP LAKELAND FL 33813TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-01

CR2E034 (10/00)