

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0008807  
AV

DOCUMENT # **P00000088886**



1. Entity Name  
**FIELDS TRUCKING, INC.**

FILED  
03 OCT 21 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**597 TWINLAKE AVE.  
DELTONA FL 32738**

Mailing Address  
**597 TWINLAKE AVE.  
DELTONA FL 32738**

2. Principal Place of Business *597 Twin Lake Ave*  
*Fields Trucking Inc*

3. Mailing Address  
*597 Twin Lake Ave*

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number <b>59-3677061</b>	Applied For
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
			Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FIELDS, MELISSA C</b>		Name	
<b>597 TWINLAKE AVE.</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>DELTONA FL 32738</b>		<b>800023713448</b>	
		10/10/03--01077--012 **\$550.00	
		City	Zip Code
		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELDS, HARVEY E</b>	<b>REINSTATEMENT</b>	
STREET ADDRESS	<b>597 TWINLAKE AVE.</b>		
CITY-ST-ZIP	<b>DELTONA FL 32738</b>		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELDS, MELISSA C</b>		
STREET ADDRESS	<b>597 TWINLAKE AVE.</b>	<b>800023713448</b>	
CITY-ST-ZIP	<b>DELTONA FL 32738</b>	<b>12/01/03--01034--016 **200.00</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Melissa C Fields* **Melissa C. Fields** 10-8-03 407-322-5539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)