2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta-

with an address, with all other like empowered

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P00000115976 MAYFIELD GROUP, INC. 05-01-2001 90071 045 ***150.00 Principal Place of Business Mailing Address 756 BEACHLAND BLVD 756 BEACHLAND BLVD COVERDOU VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Surte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLINS, GEROGE F JR Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BLVD VERO BEACH FL 32963 City 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) DATI FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Adoltion TIFLE ☐ Delate TITLS Change NAME NAME MAYFIELD, DEBORAH J STREET ADDRESS STREET ADDRESS 480 38TH COURT CITY - ST- 7:P CITY-ST-ZIP VERO BEACH FL 32968 TITLE ☐ Delete THE Chance Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS C:TY-SF-7IP CITY-ST-ZIP ☐ 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 ☐ Delete TITUE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Apdition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 logal effect as if made under eath; 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

DEBORAH

(561) 978-1670

Daytime Phone #