FOR PROFIT CORPORATION

Mar 25, 2002 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # P01000011777 03-25-2002 90196 048 ***150.00 1. Entity Name Fieldbrook Industries, Inc. 427803 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address <u> 7776 West Fieldbrook Circle</u> Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Boca Raton, FL 65-1080689 Not Applicable Zip 33496 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Name Ronald E. Siegel DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 17776 West Fieldbrook Circle IN THIS SPACE City Zio Code 33496 Boca Raton, 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) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE TITLE P/S/T/D NAME NAME Ronald E. Siegel STREET ADDRESS STREET ADDRESS 17776 West Fieldbrook Circle CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33496 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP City-St-Zip TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME 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 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY+ST-7IP

TITLE NAME

SIGNATURE:X

TITLE

NAME

STREET ADDRESS

561-998.3098