

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90061 020 ***150.00

0324181 AV

DOCUMENT # P01000045644

1. Entity Name
FIELD CAD, INC.

Principal Place of Business
~~2101 SOUTH ANDREWS AVE.~~
~~SUITE 102~~
FT. LAUDERDALE FL 33316

Mailing Address
~~2101 SOUTH ANDREWS AVE.~~
~~SUITE 102~~
FT. LAUDERDALE FL 33316



2. Principal Place of Business
1323 Southeast 17th Street
 Suite, Apt. #, etc.
#358
 City & State
FORT
 Zip
33316-1735
 Country
US

3. Mailing Address
96 GRUBER AND ASSOCIATES, PA
 Suite, Apt. #, etc.
1650 Southeast 17th Street 301
 City & State
FORT LAUDERDALE, FL
 Zip
33316-1735
 Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1107137
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~MORROW & MILBERG, P.A.~~
~~400 NORTHWEST 70TH AVE.~~
~~SUITE 108~~
~~PLANTATION FL 33317~~

7. Name and Address of New Registered Agent
 Name
ROBERT FIELDING
 Street Address (R.O. Box Number is Not Acceptable)
1323 Southeast 17th Street, #358
 City
FORT LAUDERDALE FL Zip Code
33316

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 *R. Fielding* **3/6/2002**
 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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERT FIELDING		NAME	FIELDING, ROBERT	
STREET ADDRESS	2101 S. ANDREWS AVE., SUITE 102		STREET ADDRESS	1323 Southeast 17th Street #358	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Fielding* **3/6/2002 954-522222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)