

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P23819**

Entity Name

INDEPENDENT FIELD SERVICES, INC.**FILED**
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90061 001 ***158.75

C0049150

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
X 20172 WHLING GREEN KY 42102-3172		BOX 20172 BOWLING GREEN KY 42102-3172	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 61-1128841	
		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
YORK, CHARLES E. JR. 1101 NW 52ND ST SUITE 4 FORT LAUDERDALE FL 33309			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TVD	TITLE	
NAME	YORK, CHARLES	NAME	
STREET ADDRESS	1101 NW 52ND ST SUITE 4	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	PDD	TITLE	
NAME	WISEMAN, PHIL B.	NAME	
STREET ADDRESS	1045-B LOVERS LANE	STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN KY	CITY-ST-ZIP	
TITLE	SVD	TITLE	
NAME	EDWARDS, LEONARD	NAME	
STREET ADDRESS	1045-B LOVERS LANE	STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN KY	CITY-ST-ZIP	
TITLE		TITLE	
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	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LEONARD EDWARDS** 4-11-01 270-781-6636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #