

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90061 001 \*\*\*158.75

**DOCUMENT # P23819**  
 Entity Name  
**INDEPENDENT FIELD SERVICES, INC.**

**C0049150**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 X 20172 BOX 20172  
 WLING GREEN KY 42102-3172 BOWLING GREEN KY 42102-3172

Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number **61-1128841** Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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.  (See criteria on back)

**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.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>TVD</b>	<input type="checkbox"/> Delete
NAME	<b>YORK, CHARLES</b>	
STREET ADDRESS	<b>1101 NW 52ND ST SUITE 4</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>PDD</b>	<input type="checkbox"/> Delete
NAME	<b>WISEMAN, PHIL B.</b>	
STREET ADDRESS	<b>1045-B LOVERS LANE</b>	
CITY-ST-ZIP	<b>BOWLING GREEN KY</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> Delete
NAME	<b>EDWARDS, LEONARD</b>	
STREET ADDRESS	<b>1045-B LOVERS LANE</b>	
CITY-ST-ZIP	<b>BOWLING GREEN KY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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** Date: **4-11-01** Daytime Phone #: **270-781-6636**

CR2E034 (10/00)