2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003

FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90108 027 ***150.00

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DOCUMENT # P95000037782

1. Entity Name
RICHARD FAIRFIELD, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
27137 OAKWOOD	27137 OAKWOOD
Suite, Apt. #, etc. LAKE DR.	Suite, Apt. #, etc. LAKE DR.
City & State BONITA SPRINGS, FL	City & State BONITA SPRINGS, FL
Zip 34134 Country	Zip 34134 Country

4. FEI Number 65-0586428 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RICHARD FAIRFIELD

Street Address (P.O. Box Number is Not Acceptable)

27137 OAKWOOD LAKE DR.

City BONITA SPRINGS FL Zip Code 34134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 3-15-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AD
NAME	RICHARD FAIRFIELD
STREET ADDRESS	27137 OAKWOOD LAKE DR.
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-15-03 (239) 498-5561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #