**FILED** 

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 22, 2001 8:00 am Secretary of State DOCUMENT # **P97000044633**. FIELDS AGLOW, COMPANY 03-22-2001 90047 010 \*\*\*150.00 Principal Place of Business Mailing Address 398 LINKSIDE DR 398 LINKSIDE DR DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address POBOX 1540 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3448547 WINDER Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Cooper COOPER, RONALD ss (P.O. Box Number is Not Acceptable) **4093 INDIAN TRAIL DESTIN FL 32541** 98 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. COMUIS COOPER ☐ Defete Addition TITLE TITI F Crystac Dunies #407 COOPER, RONALD NAME STREET ADDRESS 4093 INDIAN TR STREET ADDRESS 3254i CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL 32541** Change Addition TITLE Delete TITLE GRIFFEN, HOWARD NAME NAME STREET ADDRESS 1436 BAYTOWNE CIR E STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP Addition TITLE ⊟-Dēlête-= TITLE RATZLAFF, GEORGE NAME NAME STREET ADDRESS 96 GARNET PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 TITLE ☐ Change ☐ Addition TITLE ☐ Delete GRAY, BILLY NAME NAME STREET ADDRESS 398 LINKSIDE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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.

3.15.01