'2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 04, 2001 8:00 am Secretary of State DOCUMENT # **P98000072976** KANE FIELD SERVICES, INC. 05-04-2001 90150 017 ***150.00 Principal Place of Business Mailing Address 3560 MONTEIGNE DRIVE 3560 MONTEIGNE DRIVE PENSACOLA FL 32504 PENSACOLA FL 32504 00046535 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3532196 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KANE, JULIE W Street Address (P.O. Box Number is Not Acceptable) 3560 MONTEIGNE DRIVE PENSACOLA FL 32504 City Zio 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 Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition KANE, JULIE W NAME NAME 3560 MONTEIGNE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP HILLE ☐ Delete 11116 Change Addition KANE, TIMOTHY D NAME NAME 3560 MONTEIGNE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP PENSACOLA FL 32504 ☐ Delete TITLE 371.5 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP 7171.5 Delete TITLE ☐ Chance [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7I2 THUE ☐ Delete T!TUE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST ZIP C!TY-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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if