

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080943

1. Entity Name  
FIELDS DRAINAGE, INC.

Principal Place of Business Mailing Address  
515 AIRPORT ROAD 515 AIRPORT ROAD  
WAUCHULA FL 33873 WAUCHULA FL 33873

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0886526 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MCKIBBEN, JEFF J.  
106 SOUTH FIFTH AVENUE, SUITE B  
WAUCHULA FL 33873

## 7. Name and Address of New Registered Agent

Name C.E. Field  
Street Address (P.O. Box Number is Not Acceptable)  
515 Airport Road  
City Wauchula FL Zip Code 33873

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]* DATE 12-4-01  
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE PSD  
NAME FIELD, C E ☐ Delete  
STREET ADDRESS 515 AIRPORT ROAD  
CITY-ST-ZIP WAUCHULA FL 33873

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME FIELD, JASON C.  
STREET ADDRESS 515 AIRPORT ROAD  
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE ☐ Change ☐ Addition  
NAME 300004740053--3  
STREET ADDRESS 12/26/01--01105--008  
CITY-ST-ZIP \*\*\*750.00 \*\*\*750.00

TITLE ☐ Change ☐ Addition  
NAME REINSTATEMENT  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01 863-773-7547

0123554 AT

FILED

01 DEC 11 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)