

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90133 025 ***150.00

DOCUMENT # P99000081523

1. Entity Name

AVON FIELD SERVICE, INC.

Principal Place of Business

Mailing Address

1354 W. PLEASANT ST.
AVON PARK, FL 33825P.O. BOX 1666
AVON PARK, FL 33826

2. Principal Place of Business

1354 W. PLEASANT ST.

3. Mailing Address

P.O. BOX 1666

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVON PARK, FL

City & State

AVON PARK, FL.

4. FEI Number

59-3600167

Applied For

Not Applicable

Zip

33825

Country

USA

Zip

33826

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DILLEY, JAMES R.
5325 LONGSHOT LANE
AVON PARK, FL. 33825

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DILLEY, JAMES R.
5325 LONGSHOT LANE
AVON PARK, FL 33825 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. Dilley 4/24/01

Date

(863) 453-3331

Daytime Phone #

CR2E034 (1/00)