## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2000 8:00 am Secretary of State DOCUMENT # 555355 1. Entity Name WEST COAST FENCE CORP. 04-19-2000 90149 001 \*\*\*\*75.00 04-19-2000 90149 002 \*\*\*\*75.00 Principal Place of Business Mailing Address 6500 49TH STREET NORTH 6500 49TH STREET NORTH PINELLAS PARK FL 33781 PINELLAS PARK FL 33781-5725 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1791816 Not Applicable Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAVAGHAN, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 9135 135TH ST NO SEMINOLE FL 33542 33772 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2F034 (9/99) ☐ Addition ☐ Delete ☐ Change TITLE GAVAGHAN, THOMAS J. NAME 9135 125TH ST NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7(P SEMINOLE FL [] Change Addition ☐ Delete TITI F TITLE GAVAGHAN, JOHN T NAME NAME STREET ADDRESS 8158 BAYSHORE DRIVE STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP SEMINOLE FL Change Addition ☐ Delete TITLE TITLE GAVAGHAN, CAROL H. NAME NAME STREET ADDRESS STREET ADDRESS 9135 125TH ST. N CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

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 it 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 attaching with an address with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURĚ

NAME

STREET ADDRESS

CITY-ST-ZIP

CNATURE AND TWEED OF PRINTEDNAME OF SIGNING OFFICER OF DIRECTOR

4/5/

727-522-4111

Daytime Phone #