

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90006 014 \*\*\*550.00

**DOCUMENT # 193795**

1. Entity Name

**QUAID FENCE CO., OF FLA., INC.**

Principal Place of Business

**2302 ST. CHARLES  
APT 2B  
NEW ORLEANS LA 70130  
US**

Mailing Address

**2302 ST. CHARLES  
APT 2B  
NEW ORLEANS LA 70130  
US**

2. Principal Place of Business

**5219 Marcia Avenue**

Suite, Apt. #, etc.

**New Orleans, LA 70124**

City & State

3. Mailing Address

**5219 Marcia Avenue**

Suite, Apt. #, etc.

**New Orleans, LA 70124**

City & State

Zip  
**70124**

Country  
**USA**

Zip  
**70124**

Country  
**USA**

6. Name and Address of Current Registered Agent

**DUNLAP, DAVISSON F.  
255 SOUTH ORANGE AVE.  
SUITE 1600  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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

**6/20/01**

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete  
NAME **VANDENBURGH, VIRGINIA**  
STREET ADDRESS **2302 ST CHARLES AVE APT 2B**  
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE **P** ☒ Delete  
NAME **VANDENBURGH, FRED, A, JR**  
STREET ADDRESS **2602 ST CHARLES AVE**  
CITY-ST-ZIP **NEW ORLEANS LA 70130**

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 **Co-Executor of Succession of** ☐ Change ☒ Addition  
NAME **Succession of Fred A. VanDenburgh**  
STREET ADDRESS **Fred A. VanDenburgh, Jr.**  
CITY-ST-ZIP **5219 Marcia Ave. New Orleans, LA 70124**

TITLE **Co-Executor of Succession of** ☐ Change ☒ Addition  
NAME **Fred A. VanDenburgh**  
STREET ADDRESS **Archer Graham VanDenburgh**  
CITY-ST-ZIP **3705 Vincennes Pl., New Orleans LA 70125**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**6/20/01 504 905 9061**

CR2E034 (10/00)