FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 216178 1. Entity Name MUTUAL FENCE COMPANY INC				Mar 02, 2001 8:00 am Secretary of State 02-08-2001 90045 026 ***150.00
Principal Place 2710 S COMBI LAKELAND FL US		Mailing Address 2710 S COMBEE RD LAKELAND FL 33903-7384 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	to — newsternagenesseepers.co.	City & State		4. FEI Number 59-0842189 Applied For Not Applicable
Zip	Country	Zìp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
y))) 731 . 741 .	KElby Jermone 4727 VALLEY HILL CO LAKELAND FT 3381	URT 3-	Street A	A MAREK et Address (P.O. Box Number is Not Acceptable) 3/25 New Jersey RD LAKE/AUD FL Zip Code 38803
9. This corporate filing	Signature, typed or printed name of registered system and oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND D	FILE NOW!! After MAY 1, 200 Make Check Payabl	PALD A MARCHAEL PROJECTION AND A MARCHAEL PROJECT OF THE PROJECT OF THE PARCHAEL PROJECT OF THE PARCHA	make K / Gradue required when reinstaing) 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MAREK, DÖNNA -8/2_F0xhx} LAKELAND FL 339/3	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAREK, DONNA
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD MAREK, GERALD A -212-F0x hx-1-1 LAKELAND FL 338/3	Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MAREK, GERAID
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
of the cor	on this report of supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report at half other like empowered.	he exemption state / signature shall he s required by Cha	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ill have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if PRES - 2-86-0) - 863- WA L MAREK / Gills 1-401 665-1636 Daytime Proce #