FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2002 8:00 am Secretary of State 216178 **DOCUMENT #** 1. Entity Name 03-24-2002 90065 050 \*\*\*150.00 MUTUAL FENCE COMPANY INC Principal Place of Business Mailing Address 2710 S COMBEE RD 2710 S COMBEE RD LAKELAND FL 33803-7384 LAKELAND FL 33803-7384 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0842189 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jmar T. MAREK, GEBALD A Street Address (P.O. Box Number is Not Acceptable) 3125 NEW JERSEY RD 20 Annette LAKELAND FL 33803 Zip Code City Lakeland 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 Summon Vice Presid (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE **VTD** Delete Change Addition Marek, Donna NAME NAME 3125 NEW JERSEY RD STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition MAREK, GERALD A NAME NAME STREET ADDRESS 3125 NEW JERSEY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 Addition President TITLE ☐ Delete TITLE Change Paul E Bell NAME NAME 1832 marjorie St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lakelani TITLE ☐ Change Addition TITLE ☐ Delete T. Simmonds NAME NAME 5220 Annetic St STREET ADORESS STREET ADDRESS. Lakeland CITY-ST-7IP CITY-ST-ZIP Treasurer LINDO M. Ferraioli 2023 Roxburgh Ln ddition ☐ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS Lakeland, FL 33813 CITY-ST-ZIP CITY-ST-7IP Secretary Carl L. Hallmon TITLE Delete TITLE Change NAME NAME P.O. BOX 416 STREET ADDRESS STREET ADDRESS Eaton Park, Fl 33840 CITY-ST-ZIP 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.