2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   234615

1. Entity Name

AMERICAN FENCE COMPANY INC OF JACKSONVILLE

Principal Place of Business	Mailing Address
225 SOUTH EDGEWOOD JACKSONVILLE FL 32254 US	P O BOX 60607 JACKSONVILLE FL 32236 US

2. Principal Place of Business	3. Mailing Address
Same	*Same*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip | Country	Zip | Country

PENDING

01-29-2002 90025 042 ***750.00
234615

FILED

02 JUN 10 PM 1: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2526317

☐ Applied For
☐ Not Applicable

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
MCCORMACK, B. J. 3924 SAN CLERC RD. JACKSONVILLE FL 32217	Name *B. Jn Cormeak* Street Address (P.O. Box Number is Not Acceptable) *3924 San None cluch* City *Jax* FL Zip Code *32217*

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 *B J M Cormack* *6-1-02*

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) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P** NAME **MCCORMACK, B.J.** STREET ADDRESS **3924 SAN CLERC RD.** CITY-ST-ZIP **JACKSONVILLE FL 32217**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **VP** NAME **MCCORMACK, KAREN** STREET ADDRESS **4221 WOODMERE ST** CITY-ST-ZIP **JACKSONVILLE FL**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900005818109----1 -06/18/02--01066--021 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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 Required* *Karen West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

B J M Cormack President 2-8-02