

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 517206

1. Entity Name
MASTER FENCE COMPANY, INC.

Principal Place of Business
4714 N CLARK AVE
TAMPA FL 33614
US

Mailing Address
P O BOX 152343
TAMPA FL 33684
US

2. Principal Place of Business

3. Mailing Address

4714 N. CLARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33614

HILLS.

6. Name and Address of Current Registered Agent

4. FEI Number 59-1702016

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MILLER, DIANE
4714 N CLARK AVE
TAMPA FL 33614

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

DIANE S. MILLER DIANE MILLER

8/24/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MILLER, DIANE
4714 N CLARK AVE
TAMPA FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLER, DIANE
4714 N CLARK AVE
TAMPA 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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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Delete

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

8/24/01

Date

813-870-6060

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90090 001 ***550.00
09-05-2001 90090 002 *****8.75



DO NOT WRITE IN THIS SPACE

0121120 AT

CR2E034 (5/01)