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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am **DOCUMENT # 684117 Secretary of State** 1. Entity Name WARREN FENCE CO., INC. 03-06-2001 90301 022 ***150.00 Principal Place of Business Mailing Address 2530 NW 111TH ST 2530 NW 111TH ST MIAMI FL 33167 MIAMI FL 33167 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4, FEI Number 59-2009306 Not Applicable Zip 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 WARREN, BETTY GEAN Street Address (P.O. Box Number is Not Acceptable) 2530 NW 111 STREET **MIAMI FL 33167** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 R2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition WARREN, BETTY GEAN NAME NAME 2530 NW 111TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition WARREN, OTIS NAME NAME STREET ADDRESS 2530 NW 111TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL . Delete ☐ Addition OUTLER, GREGORY NAME NAME STREET ADDRESS 2530 N.W. 111TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE Change Addition OUTLER, WILLIAM JR NAME NAME 2530 N.W. 111TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Date