

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684117

1. Entity Name
WARREN FENCE CO., INC.



FILED

04 APR -9 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2530 NW 111TH ST
MIAMI FL 33167

Mailing Address
2530 NW 111TH ST
MIAMI FL 33167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2009306

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
WARREN, BETTY GEAN
2530 NW 111TH ST
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
400032266244
04/09/04--01036--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
WARREN, OTIS
2530 NW 111TH ST
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
OUTLER, GREGORY
2530 N.W. 111TH STREET
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
OUTLER, WILLIAM JR
2530 N.W. 111TH STREET
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty Gean Warren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

305 685-3069

Date

Da me Phone #