

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90161 035 ***150.00

DOCUMENT # F00000007182

1. Entity Name

ALPHA FENCE, INC.

Principal Place of Business

Mailing Address

**3212 N 40TH ST.
TAMPA FL 33605**

**3212 N 40TH ST.
TAMPA FL 33605**

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 **-76-0442983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOY, JAMES
3212 N. 40TH ST., #103B
TAMPA FL 33605**

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
NAME **JOY, JAMES**
STREET ADDRESS **3212 N. 40TH ST., #103B**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME **ELLIOTT, BRIAN LEWIS**
STREET ADDRESS **8302 LONDON WAY DR**
CITY-ST-ZIP **SPRING TX 77389**

TITLE ☒ Delete
NAME **VAZQUEZ, DONALD A**
STREET ADDRESS **3212 N. 40TH ST., #103B**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

Brian L. Elliott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

281-219-2190

CR2E034 (9/01)

Wheatmont & Dent

F000000 & 2182

83115



TEXAS
DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSE



Sharon A. Davis, COMPTROLLER

CLASS: C DL: 17827256
DOB: 01-22-60 HT: 5-08
EXPIRES: 01-22-07 EYES: HZL
REST: SEX: M
END:

ELLIOTT, BRIAN LEWIS
8302 LONDON WAY DR
SPRING TX 77389

Brian J Elliott

01037230947

