

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90135 045 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000000244

1. Entity Name
INVISIBLE FENCE, INC.



Principal Place of Business
**1000 FULLER DRIVE
GARRETT IN 46738**

Mailing Address
**1000 FULLER DRIVE
GARRETT IN 46738**

00040400



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-2128818**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
P	AQUILINO, ROBERT	1080 FULLER DRIVE	GARRETT IN 46738	<input type="checkbox"/>
CEO	AQUILINO, ROBERT	1080 FULLER DRIVE	GARRETT IN 46738	<input type="checkbox"/>
S	LANDRIGAN, MICHAEL P	1000 FULLER DRIVE	GARRETT IN 46738	<input checked="" type="checkbox"/>
AST	MARDIROSSIAN, SHANT	1000 FULLER DRIVE	GARRETT IN 46738	<input type="checkbox"/>
D	KOHLBERG, JAMES A	1000 FULLER DRIVE	GARRETT IN 46738	<input type="checkbox"/>
D	FRIEDER, SAMUEL P	1000 FULLER DRIVE	GARRETT IN 46738	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Douglas Reed - Secretary	9490 Avemore Ct	Dublin OH 43017	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/03

Date

(260) 467-5000

Daytime Phone #

CR2E034 (10/02)