

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001590

1. Entity Name

AAA RADIO FENCE INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90026 006 ***158.75

Principal Place of Business

8629 HERONS COVE PL.
TAMPA FL 33647

Mailing Address

8629 HERONS COVE PL.
TAMPA FL 33647-2434

2. Principal Place of Business

26146 DAYFLOWER BLVD

3. Mailing Address

SAME

City & State

WESLEY CHAPEL, FL.

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1039346

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRITT, DALE E

8629 HERONS COVE PL.
TAMPA FL 33647

26146 DAYFLOWER BLVD.
WESLEY CHAPEL, FL. 33544

7. Name and Address of New Registered Agent

Name

DALE E. MERRITT

Street Address (P.O. Box Number is Not Acceptable)

26146 DAYFLOWER BLVD

City

WESLEY CHAPEL

FL

Zip Code

33544

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

DALE E. MERRITT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Vol & Minutes pgs. 3/23/00

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, 2000 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

TITLE	PCS	<input type="checkbox"/> Delete
NAME	MERRITT, DALE E	
STREET ADDRESS	8629 HERONS COVE PL. 26146 DAYFLOWER BLVD	
CITY-ST-ZIP	TAMPA FL 33647 WESLEY CHAPEL, FL 33544	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MERRITT, TRACY L	
STREET ADDRESS	8629 HERONS COVE PL.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE E MERRITT	
STREET ADDRESS	26146 DAYFLOWER BLVD.	
CITY-ST-ZIP	WESLEY CHAPEL, FL. 33544	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN B. MERRITT	
STREET ADDRESS	26146 DAYFLOWER BLVD.	
CITY-ST-ZIP	WESLEY CHAPEL, FL. 33544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Vol & Minutes pgs. 3/23/00

3/23/00 (877) 505-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #