**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 15, 2002 8:00 am Secretary of State **DOCUMENT #** F99000001590 1. Entity Name 01-15-2002 90078 013 \*\*\*150.00 AAA RADIO FENCE INC. Principal Place of Business Mailing Address 26146 DAYFLOWER BLVD 26146 DAYFLOWER BLVD WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1039346 Not Applicable Zip Country Zip 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 Name MERRITT, DALE E Street Address (P.O. Box Number is Not Acceptable) 26146 DAY FLOWER BLVD WESLEY CHAPEL FL 33544 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE Change ☐ Addition NAME MERRITT, DALE E NAME STREET ADDRESS 26146 DAYFLOWER BLVD STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition MERRITT, JOAN B NAME NAME STREET ADDRESS 26146 DAYFLOWER BLVD STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 of 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

SIGNATURE:

changed, or on an attachment

WERRITT 1/7/

ddress, with all other like empowered