

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90197 016 \*\*\*150.00

**DOCUMENT # F99000006716**

**1. Entity Name**  
**NATIONS FENCE, INC.**



**Principal Place of Business**  
**6001 CINDERLANE PARKWAY**  
**ORLANDO FL 32810**

**Mailing Address**  
**6001 CINDERLANE PARKWAY**  
**ORLANDO FL 32810**

**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** **52-2201638**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MARTIN, DEBORAH M**  
**4035 GILDER ROSE PLACE**  
**WINTER PARK FL 32792**

**7. Name and Address of New Registered Agent**

**Name** **Michael L. Prevatt**

**Street Address (P.O. Box Number is Not Acceptable)**  
**6001 Cinderlane Parkway**

**City** **Orlando**

**FL**

**Zip Code**  
**32810**

**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** **Michael L. Prevatt / Chief Financial Officer** **3/19/03**  
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**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>LECK, P J</b>
<b>STREET ADDRESS</b>	<b>601 NORTH ASHLEY DRIVE, STE. 500</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33602</b>
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>PREVATT, MICHAEL</b>
<b>STREET ADDRESS</b>	<b>6001 CINDERLANE PARKWAY</b>
<b>CITY-ST-ZIP</b>	<b>ORLANDO FL 32810</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>WONG, FELIX J</b>
<b>STREET ADDRESS</b>	<b>601 NORTH ASHLEY DRIVE, SUITE 500</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33602</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>FRANZ, PETER B</b>
<b>STREET ADDRESS</b>	<b>601 NORTH ASHLEY DRIVE, SUITE 500</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33602</b>
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>KIRTLEY, JOHN F</b>
<b>STREET ADDRESS</b>	<b>601 NORTH ASHLEY DRIVE, SUITE 500</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33602</b>
<b>TITLE</b>	<b>PCD</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>MARTIN, JAMES R</b>
<b>STREET ADDRESS</b>	<b>4035 GILDEN ROSE PL.</b>
<b>CITY-ST-ZIP</b>	<b>WINTER PARK FL 32792</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VP/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>P. Larry E. Cason</b>
<b>STREET ADDRESS</b>	<b>6001 Cinderlane Parkway</b>
<b>CITY-ST-ZIP</b>	<b>Orlando FL 32810</b>

**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:** **Michael L. Prevatt**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/03**

**407-291-1101**

Date

Daytime Phone #

CR2E034 (10/02)