

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G42063**

Entity Name

**COASTAL FENCE COMPANY OF ORANGE PARK, INC.****FILED****Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90054 002 \*\*\*150.00

Principal Place of Business

Mailing Address

1621 BLANDING BLVD.  
MIDDLEBURG FL 320681621 BLANDING BLVD.  
MIDDLEBURG FL 32068-4093**913199**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number****59-2295871**

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****RUNNELS, ROY V**  
**1621 BLANDING BLVD**  
**MIDDLEBURG FL 32068**

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, 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 **DP** ☐ Delete  
NAME **RUNNELS JR, R VINCENT**  
STREET ADDRESS **1621 BLANDING BOULEVARD**  
CITY-ST-ZIP **MIDDLEBURG FL**TITLE **VPS** ☐ Delete  
NAME **RUNNELS, ROSS L**  
STREET ADDRESS **1621 BLANDING BOULEVARD**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE **VPP** ☐ Delete  
NAME **RUNNELS, VINCENT III**  
STREET ADDRESS **1621 BLANDING BLVD**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Add  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Add  
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CITY-ST-ZIPTITLE ☐ Change ☐ Add  
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 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 changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #