2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G80223

SMITH FENCE CO. OF FORT MYERS, INC.

Mar 01, 2001 8:00 am Secretary of State 03-01-2001 90013 018 ***150.00 Principal Place of Business Mailing Address 1508 SE 17TH AVE. CAPE CORAL, FL 33990 1508 SE 17TH AVE. CAPE CORAL, FL 33990 P O BOX 6925 P O BOX 6925 FT. MYERS FL 33911 FT. MYERS FL 33911 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 59-2379568 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARPENTER, KEITH P. Street Address (P.O. Box Number is Not Acceptable) 1819 SOUTHEAST 13TH TERRACE CAPE CORAL FL 33990 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTV** TITLE ☐ Detete Addition ☐ Change CARPENTER, KEITH NAME STREET ADDRESS 1819 S.E. 13TH TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-7F ☐ Delete TITLE Change Addition NAME 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 ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby 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 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2-23-01 Date

FILED