## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

Mailing Address

C/O WILLIAM R. HARTMAN

BOYNTON BEACH FL 33426-1923

555 W. OCEAN AVENUE

## J15559 **DOCUMENT #**

1. Entity Name

BULLDOG FENCE, INC.

Principal Place of Business

C/O WILLIAM R. HARTMAN

BOYNTON BEACH FL 33426-1923

555 W. OCEAN AVENUE



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90405 014 \*\*\*150.00

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2. Principal Place of Business 3. Mailing Address						
S'AME AS A BOVE		SAME AS ABOUR				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2715682	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	<u> </u>	7. Name and Address of New Registered	<u>-</u>	
HARTMAN, WILLIAM R. 555 W. OCEAN AVENUE			Name Street Add			
BOYNTON BEACH FL 33435						
===			City	FL		
8. The above the obliga SIGNATURE	e named entity submits this statement f tions of registered agent.  Signature, typed or profed name of registered agen		Is registered office or re	egistered agent, or both, in the State of Florida. I am f	amiliar with, and accept	
Afte Make Chec	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State	The state of the s	S. Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME · STREET ADDRESS CITY-ST-ZIP	DPS HARTMAN, WILLIAM R. 18441 ISLAND OAK AVE. JUPITER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAIRD, TOM 1121 NORTH F ST. LAKE WORTH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMON, MORRIS 808 N.W. 8TH AVE. BOYNTON BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ر د د موسی ترکی د می دستان ده و د می	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
<ol><li>I hereby c</li></ol>	ertify that the information supplied with	this filling does not qualify to	r the evention stated	in Continu 110 07(0)(i) Flacida Otal III III		

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: