

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17155

1. Entity Name

FT. WALTON FENCE, INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90088 002 ***150.00

Principal Place of Business

Mailing Address

1001 N BEAL PARKWAY
FT. WALTON BEACH FL 32547
US

1001 N BEAL PARKWAY
FT. WALTON BEACH FL 32547-1403
US

00011313

2. Principal Place of Business

3. Mailing Address

FT. WALTON Bch

322 SCHNEIDER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

322 SCHNEIDER DR.

DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. WALTON Bch 1

4. FEI Number

59-2662348

Applied For

Not Applicable

Zip

Country

Zip

Country

32547

OKA/00SA

32547

OKA/00SA

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

MULLINS, WALTER J.
320 SCHNEIDER DR.
FT. WALTON BEACH FL 32548

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MULLINS, WALTER J.
STREET ADDRESS 320 SCHNEIDER DR.
CITY-ST-ZIP FT. WALTON Bch FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME MULLINS, KERRY M
STREET ADDRESS 235 MARSHALL
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MULLINS, JACKIE C
STREET ADDRESS 21 FERRY RD
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE:

W. J. Mullins Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/00 850-862-2127

CR2E034 (9/99)