2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

K83295

1. Entity Name

WHITE PICKET FENCE, INC.



Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90104 008 ***158.75 **FILED**

Suffe, Apt. 4, etc. College Country Coun	Principal Place of Business 153 WEST STREET NAPLES FL 34108 US 2. Principal Place of Business		153 Nai Us	Mailing Address 153 WEST STREET NAPLES FL 34108 US 3. Mailing Address						
City & State										
Secretary Secr	Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name and Address of New Registered Agen	City & State			City & State		4,	65-0134174	-		
FREEMAN, YALE T. 153 WEST STREET NAPLES FL 34108 City FL Zira Code C	Zip	Cou	intry Zig)	Country	5.	Certificate of Status Desired	\$8.75 Fee Rec	Additional quired	
Stroot Address (PO. Box Number is Not Acceptable) Stroot Address (PO. Box Number is Not Acceptable)						7.	Name and Address of New Reg	istered Agent		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City					. Name					
NAPLES FL 34108 City FL Zip Code	A Committee of the Comm			Street Address (P		dress (P.O. E	lox Number is Not Acceptable)			
City FL Zip Code										
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Speaker, speed or printed name of registered agent and titer applicable. POTE Registered Agent agreeture requires when reinstancy DATE	NAPLES PL 34108									
SIGNATURE Signature (predict replications of registered agent and size in applicable) MOTE Registered Agent signature required when reinstalling) DATE					City			FL Zip (Code	
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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: