

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 10, 2001 08:00 AM****Secretary of State****DOCUMENT # N40022**1. Entity Name
SOUTH FLORIDA FENCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% JEMETTE PASKOSKI	% JEMETTE PASKOSKI
4500 OAK CIRCLE BLDG C	4500 OAK CIRCLE BLDG C
BOCA RATON FL	BOCA RATON FL
33431	33431

2. Principal Place of Business	3. Mailing Address
% CHARLES PENDERGAST	% CHARLES PENDERGAST

Suite, Apt. #, etc.	Suite, Apt. #, etc.
2263 SW 66TH TERR	2263 SW 66TH TERR

City & State	City & State
DAVIE FL	DAVIE FL

Zip	Country	Zip	Country
33417		33417	

4. FEI Number	Applied For
65-0301398	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PASKOSKI JEMETTE	Name
4500 OAK CIRCLE BLDG C	CHARLES PENDERGAST F
	Street Address (P.O. Box Number is Not Acceptable)
	2263 SW 66TH TERR
BOCA RATON FL	
33431 US	City
	DAVIE FL
	Zip Code
	33417

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 **CHARLES F. PENDERGAST****07/10/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table border="0"><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PROERSEN KEVIN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3698 1/2 NW 16 ST BAY B</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FT. LAUDERDALE FL 33311</td><td></td></tr></table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	PROERSEN KEVIN		STREET ADDRESS	3698 1/2 NW 16 ST BAY B		CITY-ST-ZIP	FT. LAUDERDALE FL 33311		<table border="0"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete																							
NAME	PROERSEN KEVIN																								
STREET ADDRESS	3698 1/2 NW 16 ST BAY B																								
CITY-ST-ZIP	FT. LAUDERDALE FL 33311																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="0"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>OGOREK JIM</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1156 SOUTH MILITARY TRAIL</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>W. PALM BEACH FL 33415</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	OGOREK JIM		STREET ADDRESS	1156 SOUTH MILITARY TRAIL		CITY-ST-ZIP	W. PALM BEACH FL 33415		<table border="0"><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>PEDERSEN KEVIN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3698 1/2 NW 16TH ST. BAY B</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FT. LAUDERDALE FL 33311</td><td></td></tr></table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PEDERSEN KEVIN		STREET ADDRESS	3698 1/2 NW 16TH ST. BAY B		CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	OGOREK JIM																								
STREET ADDRESS	1156 SOUTH MILITARY TRAIL																								
CITY-ST-ZIP	W. PALM BEACH FL 33415																								
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	PEDERSEN KEVIN																								
STREET ADDRESS	3698 1/2 NW 16TH ST. BAY B																								
CITY-ST-ZIP	FT. LAUDERDALE FL 33311																								
<table border="0"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>TOLE CHRIS</td><td></td></tr><tr><td>STREET ADDRESS</td><td>7101 NW 5TH STREET</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PLANTATION FL 33317</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	TOLE CHRIS		STREET ADDRESS	7101 NW 5TH STREET		CITY-ST-ZIP	PLANTATION FL 33317		<table border="0"><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>TAYLOR ELIZABETH</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2120 NORTH 55TH AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>HOLLYWOOD FL 33021</td><td></td></tr></table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TAYLOR ELIZABETH		STREET ADDRESS	2120 NORTH 55TH AVE		CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	TOLE CHRIS																								
STREET ADDRESS	7101 NW 5TH STREET																								
CITY-ST-ZIP	PLANTATION FL 33317																								
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	TAYLOR ELIZABETH																								
STREET ADDRESS	2120 NORTH 55TH AVE																								
CITY-ST-ZIP	HOLLYWOOD FL 33021																								
<table border="0"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PASKOSKI JEMETTE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>4500 OAK CIRCLE BLDG C</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON FL 33431</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	PASKOSKI JEMETTE		STREET ADDRESS	4500 OAK CIRCLE BLDG C		CITY-ST-ZIP	BOCA RATON FL 33431		<table border="0"><tr><td>TITLE</td><td>D</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>PENDERGAST CHARLES F</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2263 SW 66TH TERR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>DAVIE FL 33417</td><td></td></tr></table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PENDERGAST CHARLES F		STREET ADDRESS	2263 SW 66TH TERR		CITY-ST-ZIP	DAVIE FL 33417	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	PASKOSKI JEMETTE																								
STREET ADDRESS	4500 OAK CIRCLE BLDG C																								
CITY-ST-ZIP	BOCA RATON FL 33431																								
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	PENDERGAST CHARLES F																								
STREET ADDRESS	2263 SW 66TH TERR																								
CITY-ST-ZIP	DAVIE FL 33417																								
<table border="0"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="0"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="0"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="0"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: CHARLES F. PENDERGAST**PRES****07/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)