

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-16-2002 90026 029 ****61.25

DOCUMENT # N40022

1. Entity Name

SOUTH FLORIDA FENCE ASSOCIATION, INC.

Principal Place of Business

% CHARLES PENDERGAST
 2263 SW 66TH TERR.
 DAVIE FL 33417

Mailing Address

% CHARLES PENDERGAST
 2263 SW 66TH TERR
 DAVIE FL 33417

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0301398**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHARLES PENDERGAST
 2263 SW 66TH TERR
 DAVIE FL 33417

7. Name and Address of New Registered Agent

Name **CHARLES PENDERGAST**
 Street Address (Post Box Number is Not Acceptable) **2263 SW 66TH TERRACE**
 City **DAVIE, FL** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PENDERGAST, CHARLES J** **Director**
 STREET ADDRESS **2263 SW 66TH TERR**
 CITY-STATE-ZIP **DAVIE FL 33417**

TITLE ☒ Delete
 NAME **TAYLOR, ELIZABETH**
 STREET ADDRESS **2120 NORTH 55TH AVE**
 CITY-STATE-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
 NAME **PEDERSEN, KEVIN** **Director**
 STREET ADDRESS **3698 1/2 NW 16TH ST. BAY B**
 CITY-STATE-ZIP **FT. LAUDERDALE FL 33311**

TITLE ☐ Delete
 NAME **KRISTIN LOPEZ** **Director**
 STREET ADDRESS **1301 N STATE RD. #7**
 CITY-STATE-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 prepare 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 persons empowered.

SIGNATURE:

CHARLES J. PENDERGAST
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02 954-916-1717
 Date Daytime Phone #

CR2E037 (9/01)