

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 90180 045 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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55046708



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N40022					
1. Entity Name SOUTH FLORIDA FENCE ASSOCIATION, INC.					
Principal Place of Business 1% CHARLES PENDERGAST 2263 SW 68TH TERR DAVIE FL 33417			Mailing Address 1% CHARLES PENDERGAST 2263 SW 68TH TERR DAVIE FL 33417		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	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 PENDERGAST, CHARLES J 2263 SW 68TH TERR DAVIE FL 33417			7. Name and Address of New Registered Agent Name Joseph Mott Street Address (P.O. Box Number is Not Acceptable) 500 West Cypress Rd. - Ste. 400 City Fort Lauderdale FL Zip Code 33309		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Joseph Mott DATE 5/02/03 Signature (typed or printed name of registered agent and date if applicable) (NOTE: registered agent signature required when renewing)					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		55.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	PENDERGAST, CHARLES J		NAME		
STREET ADDRESS	2263 SW 68TH TERR		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33417		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	LOPEZ, KRISTIN		NAME		
STREET ADDRESS	1301 N STATE ROAD #7		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PEDERSEN, KEVIN		NAME		
STREET ADDRESS	3888 1/2 NW 16TH ST. BAY 8		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	William A. O'Neill	
STREET ADDRESS			STREET ADDRESS	3151 NW 72 AVE	
CITY-ST-ZIP			CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	CRAIG McMillian	
STREET ADDRESS			STREET ADDRESS	2709 NW 19th STREET	
CITY-ST-ZIP			CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 in an attachment with an address, with all other like empowered.					
SIGNATURE: X SIGNATURE NOTUL/KEEL - PUC DATE 5/1/03 DAYTIME PHONE # 954-94-8776 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2037 (10/02)