

07-18-2003 90074 016 ***150.00

DOCUMENT # P00000003829

Mailing Address
6466 NW 5TH WAY
FT LAUDERDALE, FL 33309

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10! OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RIVERA, MARTA J	
STREET ADDRESS	6466 NW 5TH WAY	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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-STATE-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Clayton Boone #

CR2E034 (10/02)

Attachment

90144371

Passariello & Staiano

CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

July 16, 2003

Uniform Business Report

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Re: Taxpayer Name: IBS Fence, Inc.

Document Number: P00000003829

Tax Form: Uniform Business Report

Tax Period: 2003

Gentlemen,

We are writing as the accountants for the above referenced taxpayer.

Enclosed please find the 2003 Uniform Business Report for the above referenced taxpayer with a check in the amount of \$150.00. The taxpayer had not received the original Uniform Business Report which was due and payable by May 1, 2003. Please accept their fee in the amount of \$ 150.00 along with the enclosed Uniform Business Report.

We apologize for any inconvenience this may cause you. We appreciate your prompt attention to this matter. If you have any questions, please feel free to call us between the hours of 9 a.m. and 5 p.m. Monday through Friday at (954) 776-1444.

Sincerely,

PASSARIELLO & STAIANO, C.P.A., P.A.


Giulio Staiano, C.P.A.

Encl.