

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017236

1. Entity Name

STICK FENCING, INC.

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90027 015 ***150.00

0485261

Principal Place of Business

Mailing Address

364 MCARTHUR CIRCLE

364 MCARTHUR CIRCLE

6060A FL 32927

6060A FL 32927

6250 BETTY AVE.

6250 BETTY AVE.

COCOA, FL

COCOA, FL

32927

32927

2. Principal Place of Business

3. Mailing Address

6250 BETTY AVE.

6250 BETTY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

L0040386



DO NOT WRITE IN THIS SPACE

City & State

City & State

COCOA, FL

COCOA, FL

Zip

Country

32927

USA

Zip

Country

32927

USA

4. FEI Number

061272479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGSTON, RICKEY

364 MCARTHUR CIRCLE

COCOA FL 32927

Name

LANGSTON, RICKEY

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

6250 BETTY AVE.

City

COCOA

FL

Zip Code

32927

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

RICKEY LANGSTON, RICKEY LANGSTON - President

04/01/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so ☒

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P
STREET ADDRESS	RICKEY LANGSTON
CITY-ST-ZIP	6250 BETTY AVE. COCOA, FL 32927
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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICKEY LANGSTON, RICKEY LANGSTON 04/01/01 6388923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)