2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT'#

P00000017236

1. Entity Name

STICK FENCING, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91178 041 ***150.00

Mailing Address Mailing Address Sept Mr.							WELL	J				
2. Principal Place of Business Suite, Apr. 4, etc. Suite, Apr. 4, etc. Cry & State A. FEI Number 26-1272479 Applied For Ance Applied For Anc	6250 BETTY AVE.			6250	6250 BETTY AVE.				s	*		
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E. Name and Address of Current Registered Agent S. Certificate of Status Desired S. Certificate of Status Desired Street Address of Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) To CoCOA FL 32927 City FL Zip Code City City	Suite, Apt.	#, etc	-d	- Suite	.Suite, Apt. #, etc.				CHECK HERE	IF MAKING	CHANGES	
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SCONDER 1 32927 City FL Zip Code						Name						
COCOA FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lipsed or present agent and time it appeal and time it					Street Address			(P.O. Box Number is Not Acceptable)				
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 spend agent. Signature, typed or private name of registered agent and title if applicable. (NOTE Registered Agent signature required when retrievation) DATE												
SIGNATURE Signature speed or protected rearre of registered agent and title if applicable (NOTE Registered Agent signature required when nontativing) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS				for the purpo	ose of changing its	registered office	or register		nt, or both, in the State of Flo	rida. I am f	amiliar with,	and accept
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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

4-16-63 321-720-318