

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91530 044 ***150.00

DOCUMENT # P00000019405

1. Entity Name

SOUTH LAKE FENCE, INC.

Principal Place of Business

**6800 N ORANGE BLOSSOM TRAIL
 300
 ORLANDO FL 32810**

Mailing Address

**16751 HIGHWAY 455
 MONTERVE FL 34756**

2. Principal Place of Business

16751 Highway 455

3. Mailing Address

Same 455

Suite, Apt. #, etc.

Suite

Suite, Apt. #, etc.

City & State

Montverde, FL

City & State

Zip

34756

Country

USA

4. FEI Number

59-3624742

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTANA, BRYAN

6800 N ORANGE BLOSSOM TRAIL

300A

ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Kim Santana (Kim Santana)

1-7-02

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, 2002 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

TITLE **P**
 NAME **SANTANA, BRYAN**
 STREET ADDRESS **6800 NORTH ORANGE BLOSSOM TRAIL, #301A**
 CITY-ST-ZIP **ORLANDO FL 32810**

☒ Delete

TITLE **VP**
 NAME **SANTANA, KIM**
 STREET ADDRESS **6800 NORTH ORANGE BLOSSOM TRAIL, #301A**
 CITY-ST-ZIP **ORLANDO FL 32810**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Bryan Santana**
 NAME **16751 Hwy 455 Pres**
 STREET ADDRESS **montverde FL 34756**
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **Kim Santana**
 NAME **16751 Hwy 455**
 STREET ADDRESS **montverde FL 34756**
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Kim Santana (Kim Santana)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

Date

407 469-3989

Daytime Phone #

CR2E034 (9/01)