

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2002 90141 012 ***150.00

DOCUMENT # P00000053145

1. Entity Name

GRAPHIC FENCE CORP.

Principal Place of Business

**500 MOTTINGHAM CIRCLE
 AP D
 GREEN ACRES FL 33463**

Mailing Address

**500 MOTTINGHAM CIRCLE
 AP D
 GREEN ACRES FL 33463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7185 MONICA DR.

Suite, Apt. #, etc.

7185 MONICA DR.

City & State

WEST PALM BCH, FL

City & State

WEST PALM BCH, FL

Zip

33415

Country

Zip

33415

Country

4. FEI Number

65-1013683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CRUZ, DEVORA

1315 OLIVETREE CIRCLE

WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

Name

CRUZ Devora

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

2185 Monica Dr

City

W.P.B

FL

Zip Code

33415

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

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	PVST	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, DEVORA	
STREET ADDRESS	1315 OLIVETREE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, DEVORA	
STREET ADDRESS	500 NITTINGHAM CIRCLE	
CITY-ST-ZIP	GREEN ACRES FL 33463	
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		

12. ~~PVST~~ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Devora CRUZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2185 Monica Dr	
STREET ADDRESS	W.P.B FL 33415	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ Devora	
STREET ADDRESS	2185 Monica Dr	
CITY-ST-ZIP	W.P.B FL 33415	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/15/02

561-649 4596

CR2E034 (9/01)