

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

03-22-2001 90046 014 ***150.00

DOCUMENT # P00000057384

1. Entity Name

GATOR FENCE, CO.

Principal Place of Business

**12 CHESTNUT RUN
 Ocala FL 34480**

Mailing Address

**12 CHESTNUT RUN
 Ocala FL 34480**

4 5 5 5 1

2. Principal Place of Business

**3601 N.E. 18th Terrace
 Suite, Apt. #, etc.**

3. Mailing Address

**SAME
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3709120

Applied For

Not Applicable

Zip

34479

Country

USA

Zip

34479

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BEHLING, MATTHEW A
 12 CHESTNUT RUN
 Ocala FL 34480**

7. Name and Address of New Registered Agent

Name

MAT BEHLING

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

3601 N.E. 18th Terrace

Ocala, FL

City

FL

Zip Code

34479

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]

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

(NOTE: Registered Agent signature required when reinstating)

3-1-01

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

TITLE **OWNER** ☐ Delete
 NAME **MAT BEHLING**
 STREET ADDRESS **3601 N.E. 18th Terrace**
 CITY-ST-ZIP **OCALA, FL 34479**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-01

Daytime Phone #

352-239-3855

CR2E034 (10/00)