

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90045 013 ***150.00

0534546 AV

DOCUMENT # P00000057384

1. Entity Name

GATOR FENCE, CO.

Principal Place of Business

~~3601 NE 18TH TERRACE~~
~~OCALA FL 34479~~

12 CHESTNUT
34480
OCALA, FL

Mailing Address

~~3601 NE 18TH TERRACE~~
~~OCALA FL 34479~~

12 CHESTNUT
OCALA, FL. 34480



2. Principal Place of Business

12 CHESTNUT RUN

3. Mailing Address

Suite, Apt. #, etc. **(11)**

DO NOT WRITE IN THIS SPACE

City & State

OCALA, FL

City & State

4. FEI Number

59-3709120

Applied For

Not Applicable

Zip

34480

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEHLING, MATTHEW A
~~3601 NE 18TH TERRACE~~
~~OCALA FL 34479~~

12 CHESTNUT RUN
OCALA, FL 34480

7. Name and Address of New Registered Agent

Name: **11**

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

City

D

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

[Signature]

4-1-02

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 **0** ☐ Delete
NAME **BEHLING, MAT**
STREET ADDRESS **3601 NE 18TH TERRACE**
CITY-ST-ZIP **OCALA FL 34479**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **BEHLING, MAT**
STREET ADDRESS **12 CHESTNUT RUN**
CITY-ST-ZIP **OCALA, FL 34480**

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

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

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

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

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

MAT BEHLING

4-1-02

Date

352-237-8513

Daytime Phone #

CR2E034 (9/01)