

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90270 029 ***150.00

DOCUMENT # P00000064489

1. Entity Name
RDM FENCING, INC.

Principal Place of Business

**91 COLAISE DR
CRAWFORDVILLE FL 32327**

Mailing Address

**PO BOX 1855
CRAWFORDVILLE FL 32326**

2. Principal Place of Business

91 Cochise Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1855

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE FL

City & State

CRAWFORDVILLE FL

4. FEI Number

59-3655679

Applied For

Not Applicable

Zip

County

32327

US

Zip

Country

32326

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, RICHARD D
91 COLAISE DRIVE
CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

Name **Richard D. Miller**
Street Address (P.O. Box Number is Not Acceptable) **91 Cochise Street**
City **CRAWFORDVILLE** FL Zip Code **32327**

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)

DATE

02/27/02

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	VP	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD D	
STREET ADDRESS	PO BOX 1855	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEBSTER, LAUREN P	
STREET ADDRESS	PO BOX 1855	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard D. Miller	
STREET ADDRESS	P.O. Box 1855	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Lauren W.	
STREET ADDRESS	P.O. Box 1855	
CITY-ST-ZIP	Crawfordville, FL 32326	
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]** **Richard D. Miller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/27/02** Daytime Phone # **(850) 251-3450**

CR2E034 (9/01)